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EDITORIAL COMMENT

PREPARATION FOR PRIVATE DUTY

Two questions in a recent state examination had a bearing upon the preparation of pupil nurses for private duty. They were asked how to prepare for an operation in a home, and how to prepare salt solution in a private house. Oddly enough, the answers to the question about the operation were better than those in regard to salt solution. Most had the proportions for salt solution correct, almost all knew that it should be sterile, but the point on which many were lacking was knowledge of the fact that *water boils away*. With perfect innocence they described the boiling of a pint of water for two hours, or of a quart of water for one hour on each of three successive days,—forgetting that either the water would disappear in steam or that, if there were any left, the carefully measured proportions would be lost, and the solution which remained would be much stronger than when it was started.

This is not a serious lack, for any nurse with any brains who put salt solution on to boil would observe its decrease in quantity and would discover for herself that she must have additional sterile water with which to accurately supply the lost amount. A more serious fault was in the answers of those women who described filling glass bottles with salt solution and putting them in an oven to bake for hours. Perhaps it is ourselves, not the pupils, who are at fault here; perhaps it is really possible to heat jars sufficiently in a dry oven to sterilize the contents without damage, but we cannot escape a vision of cracked jars, a flooded oven, and a dismayed nurse, who comes for her salt solution and finds only wreckage.

It is very difficult for instructors in training schools, especially those who have always done hospital work, to think ahead and foresee

the problems that will arise outside and prepare their pupils to meet them. Most of the papers describing the operation in a private house showed evidence of careful teaching and described the procedure thoughtfully and sensibly. There are always some misguided souls who insist on "scrubbing the walls and ceiling with corrosive." Only a few suggested such impossibilities as a sterilizer, a Kelly pad, a can of oxygen, "twelve basins and pitchers," etc. Those who did will probably adjust themselves in some way to their environment when they find themselves in a farmhouse, miles from a drug store, without even a rubber sheet at hand. Most nurses do rise to such occasions and find real pleasure in providing good surroundings for the patient with the materials at hand. There are so many versions of the wash-boiler sterilizer, some of them so vague, that perhaps it will be well to describe once more a simple method which has been tested again and again. This will be found on another page under Practical Suggestions.

In conclusion, let us say that after looking over examination papers, one is more than ever convinced of the wisdom of an old remark of Miss McIsaac's: "A nurse need not think that because she has entered a training school she must forget everything she ever knew before and leave her common sense behind." Plain, ordinary, practical, common sense is a better guide both in actual nursing and in the answering of examination questions than a wild searching through the corners of the mind for some technical terms from a half forgotten lecture. The women examined who described a fracture as a broken bone were within the realm of common sense. Those who had been taught that it was "the solution of the continuity of a bone" were so perplexed as to what these words really mean that they in many cases substituted some different phrase, sounding like this, which just spoiled the answer. It seems a pity that any pupil should leave any school with vague ideas on so simple a subject as a fracture.

TEMPERANCE

In the letter box will be found a communication in regard to the use of a nurse's influence on behalf of temperance by teaching her patients the effect upon the system of stimulants. May we suggest that all nurses who are connected in any way with philanthropic work can aid this cause in another way by helping to bring about better feeding of the poor. Very often a man resorts to intoxicants because he has not enough food of the proper sort, properly prepared. His system craves something more and he turns to drink. The money spent for liquor

decreases the sum left for food, so the evil works in two ways. The small wage earner often spends more on food, in proportion to his income, than people of larger means, but because the women of the family are ignorant or wasteful much less good is obtained from it.

We once heard a cook employed by a well-to-do family, deplore the waste and extravagance she saw in the households of her married friends. A roast of beef would be used twice, perhaps, first hot and then cold, and the remainder thrown away. When she protested and asked why it was not fixed over, she was told that it cost too much to buy things to make it good, and that they liked fresh meat better. Cooking schools, where young girls can be taught how to prepare food in a wholesome, economic, and attractive manner are among the greatest aids to good home living and help to promote both temperate habits and morality, for drinking and vice go hand in hand.

In Chicago, and probably in many other large cities, such cooking classes have been introduced into the public schools. In Rochester, N. Y., a philanthropic manufacturer pays for courses at the Mechanics' Institute to which girls from the public schools are sent as part of their course. It would be interesting to know to what extent visiting nurses have been able to aid in establishing such schools. The private duty nurse finds herself many times in a home where the attention of the mother needs to be called to the necessity of more attractive nourishing food for her husband and children, but as the nurse is enjoying the hospitality of the home, such as it is, it is very difficult to make such a suggestion wisely or acceptably. The one who can, is a true home missionary.

COLLABORATORS

A CIRCULAR letter was sent recently to the JOURNAL collaborators, asking them what plans they had for work during the coming year. The reply to one of these letters is so excellent an outline of the duties of a collaborator that we reproduce it for the benefit of others on the staff. who may be glad to profit by its suggestions, and also for the perusal of those warm friends of the JOURNAL who, though not listed as collaborators, are always working faithfully for its interests. There are many such, and it is because of such loyal support that the JOURNAL continues to hold its place in the nursing world.

"As a collaborator of THE AMERICAN JOURNAL OF NURSING my policy has been to talk to every nurse, with whom I come in contact, about the merits of the JOURNAL—our responsibility as nurses to sup-

port a publication that is up to date on nursing affairs and that enables nurses to keep in touch with the work of nurses over the whole country; and as our office is the headquarters for our local Graduate Nurses' Association, as well as a rapidly growing Visiting Nurse Association, I always have copies of the JOURNAL in plain sight. I have endeavored to meet all superintendents of hospitals and have given sample copies. Have written from time to time to the nursing organizations throughout the state to send any interesting articles, reports of meetings, etc. Have tried to secure lists of nurses and hospitals throughout the state."

We are glad to announce that we have added to our staff of collaborators four members who are too well known to need any introduction,—Miss Ross of Johns Hopkins, Miss Sly of Michigan, Miss Hay of the Illinois Training School, and Miss Wheeler of Blessing Hospital, Quincy, Illinois.

PROGRESS OF STATE REGISTRATION

FOUR more states have obtained registration for nurses,—Illinois, Minnesota, West Virginia, and Georgia. Of these, Illinois has been struggling the longest for such recognition, and its ill-luck seems to still cling to it, for though the bill was passed in the spring, and became a law in July, the governor, who has the power of appointing the board of nurse examiners, has as yet failed to do so. All is not won when the bill is passed, as California and West Virginia can testify, for California has been two years in possession of a state law, without succeeding in getting its board of regents to administer it, and West Virginia is in the same case as Illinois. The appointment of the board is left to the governor and he does not act.

Minnesota is more fortunate. Its bill required that one member of the board should be a graduate of a medical school. This place has been filled by a woman physician, the board has been chosen, and is at work. In Georgia, events have moved swiftly and favorably. The state association was organized this year. The bill was drafted in May, and was passed by the General Assembly on a unanimous vote, fifteen minutes before midnight, on August 17th, the closing night of the session. Five days later it received the signature of the governor. This bill is more liberal than the others in the matter of the appointment of the board of examiners, for the state association is privileged to submit a list from which the governor makes his appointments. Copies of these bills will be found on another page, and those working along these lines will be interested in comparing them.

CIVIC WORK OF ONE ASSOCIATION

For the first time we hear of a graduate nurses' association asking for an investigation of a badly conducted hospital. In Cleveland, Ohio, where all branches of philanthropic work seem to be conducted on a basis of harmony and co-operation, the Graduate Nurses' Association asked the Chamber of Commerce to investigate conditions at a public hospital. The association had refused to admit graduates of this school to membership, knowing that it had a low standard, but they went further than this and tried to secure better conditions for it by bringing it to the attention of the city authorities. The committee of investigation found conditions so bad that a thorough overhauling of the building and system of administration is taking place with the result that the buildings will be made sanitary, and the patients supplied with proper care, one of the requirements being that a graduate nurse of some other school be placed in charge.

The standing of the Graduate Nurses' Association of Cleveland in the community may be inferred from the fact that it was asked by the Chamber of Commerce to make recommendations for needed improvements for this hospital. This is not the first public spirited work done by this association, for the Visiting Nurse Association was inaugurated by it, and it maintains a successful central directory for nurses.

CIVIL NURSES IN MANILA

A LETTER received by the editor from Miss Freeman of the Civil Hospital, Manila, gives further details in regard to the conditions under which nurses go out there. Probably many of our readers are as ignorant as we confess ourselves to have been of the fact that the government sends out nurses under civil contracts who are quite distinct from the army nurses, not being under the same supervision nor working under the same regulations.

The salary is sixty dollars a month, with expenses one way. The nurses pay for their own washing, which averages five dollars a month, and there are other incidental expenses amounting to about twenty dollars a year. As the expenses of the return trip from Manila to New York are from two hundred and fifty to three hundred and fifty dollars, and are to be borne by the nurse, she should understand this plainly before starting, that she may plan to save that amount from her salary. Evidently this has not been made perfectly clear in the past, as eight

nurses now stationed in the Civil Hospital went out with the expectation of having their return expenses paid. Twenty-eight days' leave annually is compulsory. If a nurse has been ill, she may deduct that time, otherwise she is forced to spend it in a vacation which she really needs, but which is expensive, as change of air is almost a necessity.

THE EVOLUTION OF THE NURSE

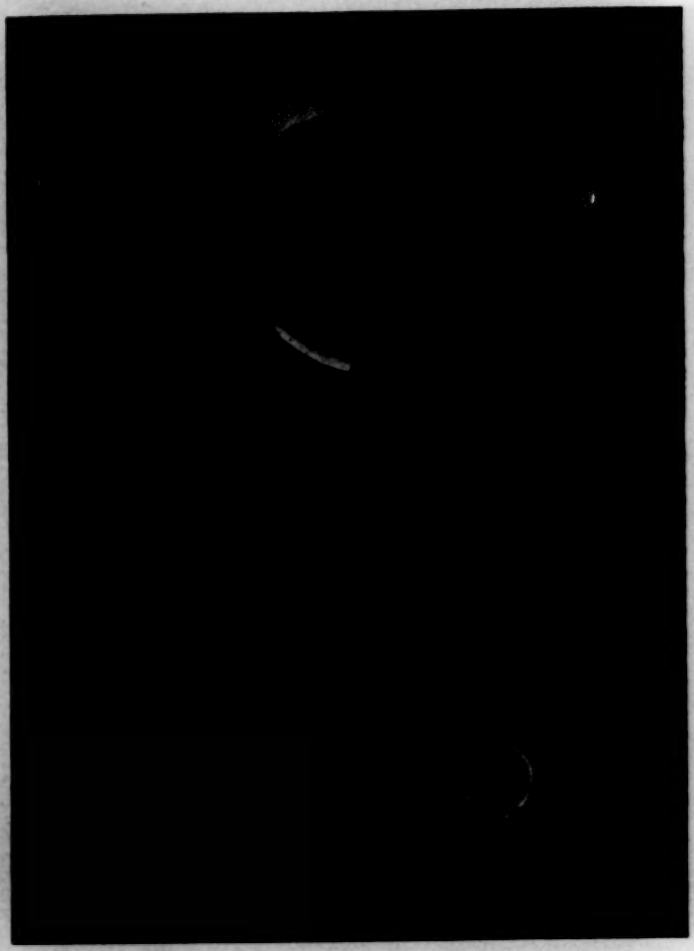
It is our privilege to print for the benefit of our readers an address given to the nurses of Lakeside Hospital, Cleveland, by Dr. Lowman. Although the address has no controversial elements, and was not given to aid any cause, no better justification for the higher education of the nurse has come to our notice. This is one of the rare articles that lift us above the smoke and din of the battle field and give us a wide outlook over the whole horizon; and every nurse who reads the article will, we predict, finish it with a new sense of pride in her profession and of her chosen place in it, wherever that place may be.

It is discouraging to the leaders in any movement to have their ideals misunderstood and misinterpreted by those who should be their supporters. The past two years in the nursing world have been full of unrest, and the standards established by so much hard effort have seemed in danger of being lowered. In the face of much criticism, it is inspiring to receive the support of such men as Dr. Lowman, Dr. Hurd, and many others. The better class of medical men and the better class of nurses are working for the same ends,—the best possible preparation of those to whom is to be entrusted the care of the sick.

MISS NUTTING'S PORTRAIT

Through the courtesy of the editor of the *Johns Hopkins Nurses Alumnæ Magazine*, we are able to reproduce for our readers a picture of Miss Nutting's portrait. This portrait is beautiful in itself, is a faithful likeness, and is a touching tribute to the esteem in which she is held by her pupils,—alumnæ and undergraduates, for it was painted for them by Miss Cecilia Beaux and has been presented by them to the training school, where it will be an enduring memorial of Miss Nutting's work for the school.

When the portrait was presented to the trustees of the school on March 30th, addresses were made by representatives of the alumnæ, of the trustees, of the medical staff, and of her friends, all telling simply,



Adelaide Hutton

but with feeling, of the high place she holds in their esteem as a nurse, as an educator, and as a woman. She will take up her new work with the good wishes of all who know her personally, and with the co-operation of hundreds who do not know her, but who have faith in her success, and who are doing their part toward putting the hospital economics course on a secure financial basis.

ADDITIONS TO NURSING LITERATURE

THE book by Miss Maxwell and Miss Pope reviewed in this issue, adds another volume to the text-books written by nurses which are always welcomed above those written by doctors for nurses, for though the latter may be more scientific, these are more practical, and are almost always better for purposes of teaching.

OFFICERS OF EXAMINING BOARDS

WE have several times been asked to publish in the Official Directory the names and addresses of the officers of the examining boards of nurses now existing. Beginning with this number a list of these, as far as we have been able to secure them, will be found at the end of the Official Directory.

THE EVOLUTION AND THE DEVELOPMENT OF THE NURSE*

By DR. JOHN H. LOWMAN
Cleveland, Ohio.

When the skilled attendant replaced the mother at the bedside and training began to assist affection in the care of the sick, nursing became a profession. Up to that time the offices of the nurse had been limited to blowing the porridge hot or cold, blocking draughts, smothering the invalid with blankets, soothing the patient and assisting in the general work of the household. These offices ordinarily devolved upon some good neighbor whom trouble had aroused to kindness, or to whom life had brought a little more experience but whom art had not inspired or science enlightened. Medicine had not at that time emancipated itself from the pseudo-sciences or discovered its place among the arts. The light of knowledge had indeed touched the mountain peaks, from which desultory rays were reflected into the valleys, but in the valleys presumption and vanity still held that medicine could abort and banish disease. The dictum of Hippocrates that disease was a coction of humors prevailed. Indigestion for him was a disturbance of humors that could be rectified. But though his practice was primitive the great spirit of Hippocrates, revived by Sydenham, taught the necessity of the accurate observation of natural phenomena; this and Morgagni's "exact anatomical thinking" were, however, as nothing to the mass of unawakened practitioners.

Then in the middle of the nineteenth century there came the renascence of knowledge with the freedom of the spirit and liberation of the mind. To the thinking soul was opened the wealth of facts about everyone and their inter-relation and dependance on law and order. With this revelation of new sciences and re-clothing of old ones the science of nursing appeared. The elaboration of medicine to a subtle combination of art and science was impossible without it! The aspiration of the physician to prevent as well as to cure was still more impossible without it. It came as a necessity. In order that the true sequence of phenomena might be known there was need of closer and more constant observation after the surgeon has completed his labors or the physician had reached his conclusions. Keener watchfulness and greater resources were required

* Address delivered to the nurses of Lakeside Hospital.

to detect and even anticipate possible complicating events. Greater devotion, professional devotion, if not affection, was demanded to apply the guiding words of the now thoroughly awakened physician and in response to this urgent need the professional trained nurse arose. The hospital was the temple in which this new priestess was made manifest; it was there that schools for her more elaborate training were established and the Hippocratic method of careful medical observation introduced.

From the physician's standpoint the benefit which accrued from this close observation of the patient was of incalculable value. The nurse was taught the necessity of accurate records and of carefully collected specimens. She was also trained to recognize the need for executive talent in carrying out the various attentions prescribed for the patient. Where these attentions were numerous and confusing she was trained to realize that the sleep and strength of the sick one depended in a large measure on her exercise of executive ability. She was also taught surgical cleanliness, bacteriological dangers, hygiene, higher housekeeping, cooking and the fundamental good manners essential to her position as an aid to the family as well as to the patient and the physician. Her judgment, caution, tact, tenderness as well as skill were considered in the arrangement of the curriculum.

This introduction of a trained, skilled assistant threw a new responsibility on the director of the sickroom—the physician. His orders were carried out to the letter and consequently demanded greater exactness and completeness in their formulation. He was obliged to state definitely the temperature of baths, the percentage of the dilution of nutrient drinks, the best times of administering medicines; to know the best plan for ventilation, the necessary hours of sleep, to enter carefully into details which he had not before considered, except in a general way, for it had previously been useless, to try to enforce them. The presence of a critical, trained, intelligent, alert aid at his elbow was at first almost irritating to the general practitioner who had not recognized the development of this new force, and to the families for whom the nurse was still in the category of servants. But the reactionaries were swept back by the enthusiasm of hospital and institutional men for whom the problems of medicine are infinite and eternal and for whom their solution can never demand too much, too intelligent, too devoted and too constant assistance.

It was necessary to adapt ourself to the new arrangement as it is always necessary to accommodate oneself to a new system. But it was no more possible to oppose it effectively than it was to stop the on rushing of many waters. Humanity was in the dark background, dull and

but dimly conscious of the new events, but pointing with a limp finger toward the point where light was breaking and faintly illuminating a new personality—a personality that had come to comfort and to save. But to those even who had the prescience of a vision this personality did not fully reveal itself and even now after four decades of rich experience its potentialities are not known. At first it limited itself to bedside attendance. It was a new therapeutic force, a new element in the domain of healing and like many new elements in the science of therapeutics it was tried by fire, by the fire of criticism. It withstood, however, the fiercest test.

The nurse therapeutic primarily was one of the agents employed by the physician. She received and executed his orders, but as her training became more thorough, because of the rise of scientific nursing schools, her capabilities multiplied and it was possible to trust her to meet emergencies. This became especially noticeable in post operative periods, in the puerperium, the crises of pneumonia, and in accidents of acute diseases when the unexpected not infrequently occurs. One could not estimate the times within the limits of one physician's work when the vigilant eye of the well trained nurse had caught the first evidence of an ill turn of the disease and thus put it in the power of the medical attendant to anticipate by hours if not by days the threatening complications. Accurate dosage, subcutaneous medication, aseptic dressings, lavage of the stomach and other viscera, baths, packs, and many forms of hydrotherapy, electrotherapy, local applications, skilled feeding, notably in the case of infants, ventilation, especially in lung fever and whooping cough, enforcement of a strict régime, as in tuberculosis, neurasthenia and hysteria, all are now possible through the agency of the trained nurse where otherwise such measures would be ineffective or dangerous. As the schools improved and the nurse grew in skill, as opportunities for her usefulness increased, the candidates for admission to the ranks of the new profession multiplied and new features in the nurse's career developed. Some women limited their work to surgery, some to medicine, others still to midwifery and as a result the specialties of surgical, medical and obstetrical nursing arose.

The necessities of the great hospitals created new positions, and the institutional nurse appeared. She needs must be a woman with executive ability. The superintendent of the training school, the head nurse, the chief nurse in the surgical amphitheatre require traits that the nurse therapeutic need not necessarily possess. Some find the permanent offices in an institution more to their taste than the circumscribed life of the sickroom, and develop more rapidly in these positions; with others the

case is reversed. The institutional nurses have a continuous service in one line and to them we must look for new ideas, new books, and new life. They are the women who will inspire probationers and pupils to work, fill them with enthusiasm, raise their ideals and incite them to accuracy. The responsibilities of the institutional nurse are very great, for on her depends the quality of the women received for instruction and the thoroughness with which the instruction is given. The teaching nurse belongs to this class and though she is recruited from the ranks of the therapeutic nurse she is a teacher from the beginning. The gifts of the teacher seem to exist in some because of their power of knowing the standpoint of the pupil, because of their "vicariousness." Put yourself in his place if you wish to acquaint the student with your ideas. One will teach the didactic branches best, another ethics, another diet and cooking; there is a field in each of these branches for wide expansion and growth.

Another development of the institutional nurse is in anæsthetics. A well trained woman possesses advantages as an anæsthetizer that a physician may not have. She remains within the confines of her duty. The field of operation is closed to her, she never expects to enter it and is not interested in it. She closely watches the face, follows the course of the pulse and respiration, the changes of color of the face and the action of the throat, the eye and the stomach as well as the quantity of the anæsthetic used. Her ambitions do not carry her beyond that. The usual anæsthetizer gives ether as a phase of his training and not as a business and is apt to be diverted by the brilliancy of the operator. To follow his chief is his aim; to excel in her specialty is the aim of the nurse anæsthetizer. This is a new and attractive field and reveals the possibilities of the development of the therapeutic nurse in a fascinating way.

The child's nurse and the infant's nurse represent well defined departments of nursing. The work with nurslings is totally different from that with children. In fact the difference is greater between these two divisions than between the care of children over two years and adults. A nurse eagerly recognizes this and knows that she must have special training in the care of babies to succeed with them. This has led to the nursling's special nursing. There are numerous problems, notably those of feeding, systematic régime and peculiar care of the body of the child that do not appear in any other department of nursing. I may say that greater scientific exactness is required with infants than with any other class. The mortality is greater under one year of age than at any other time of life. It must be then that the dangers menacing the child are more numerous and more deadly. This naturally leads to

the subject of the child's nurse who is developing from the ranks of the nurses. Schools now exist for the training of such persons. Such a school will soon be established in Cleveland in conjunction with the projected Baby Hospital. The training there need not be so long as with the true therapeutic nurse but, though different, it will be as thorough in this specialty. The therapeutic nurse is trained in pathologic problems but the child's nurse will be trained in physiologic problems, that is, in the functions of healthy organs. Unfortunately we are dominated too much in medicine and in nursing by the pathologic side of illness and neglect the physiologic phase. In this age, when the natural history of disease is so extensively studied, this is an error. The child's nurse must be taught the conduct of the healthy child in walking, talking, eating and sleeping, things one scarcely gives more consideration to than he does to air and water.

There is a proverb that one should not look a gift horse in the mouth, and it would seem that piety had prevented men from looking closer into the God-given gifts of water, air and sleep. The child's nurse will learn to distrust everything that comes near the child, everything she has not investigated; she will not be like our old friend who needed no thermometer to test the temperature of the bath, for when the water was too cold the baby was blue and when it was too hot the baby was red. She will learn that it is not Providence but the careless dairyman who steals away our babies, because dirty milk is poison. To make these facts a part of oneself requires training. Science is not fussiness, it is truth. To find the truth requires work.

The nurse attendant, and nurse convalescent may come from the amateur class, but they are stronger and more useful if trained. The time is coming when, as the acute phases of the disease pass, the nurse therapeutic will give way to the nurse convalescent just as the surgeon gradually turns his case to his assistant. These latter nurses should in a preëminent degree have the graces of womanhood. Tenderness, tact, patience, accomplishments and physiologic knowledge are required to successfully fulfil their calling. I might indeed make a classification of the physiologic and pathologic nurse.

A quiet little niche is filled adequately by the hourly nurse who goes with her kit from house to house and gives baths, rubbings, makes dressings, assists a physician or prepares the invalid for the day or night. She has not developed her department yet; she will later develop it; she should be a general adviser to the family and be able to instruct them in many things, as well as perform her simple office as the nurse's substitute. In a metropolitan daily I recently read this advertisement: "Mrs.

Joy. Cheering by the hour." Dear little Mrs. Joy! How many fits of the blues she has charmed away! There is the nurse philosophic, for you!

Like Minerva from the head of Jove the visiting nurse orders sprang from the established profession, equipped and alert for work. It was an application from the singular to the plural. The care of the favored one leads to the thought of the care of the many. The nurse therapeutic is scientific in a pathologic sense, the nurse prophylactic is scientific in a sociologic sense. The former is professional, the latter humanitarian and philanthropic. Seventy years ago in Germany, inspired by Pastor Fliedner of Kaiserwerth, the nurse commenced a work among the sick poor which was both humanitarian and professional. She became one of the leading figures in that great movement toward the people which, thirty years later, though with different impulse, was to stir the Russian nation so profoundly. It was not however until the seventies and in England that visiting nursing, as we understand it, was instituted. Trained nurses were then taken from the educated classes and commenced under the direction of a superintendent the systematic visitation of the sick poor in their homes.

The visiting nurse association is the latest phase of the concerted effort of several nurses for one purpose. There are at present over two hundred of these associations in this country. The visiting nurse must be an especially selected person. First she must be qualified by temperament and heart to enter the homes of the poor as a friend. In order to conserve her enthusiasm, frequent contact with members of her association is necessary. She becomes thus in a limited sense a member of an order. But at the same time that she gives up her liberty in a measure she must have a wider range of initiative of her own, for she often goes to families where there is no physician and no knowledge of sanitary laws. The problems she meets she must solve alone. She must therefore be resourceful and original in a large sense. She is concerned with illness it is true, but when this is severe the district or neighborhood physician is the arbiter of the situation, or the patient is sent to the hospital. The questions that ordinarily present themselves to the visiting nurse are those which concern the prevention of disease or the management of the household. She advises the family, she knows the resources of the city or community in which she lives and utilizes them in the interest of the poor. Thus she opens a sanatorium to one, a dispensary or hospital to another, the fresh air camps to a third. More valuable, however, than this is her instruction in the care of the home. Thus the nursing association is in many places called, the Instructive Home Nursing

Society, or the Instructive District Nursing Society, and the members are known as the instructing nurses.

The visiting nurse is a trained nurse and has always had hospital experience, but to this absolutely essential element in her education, she now receives, in this city, supplementary training in the sociologic work of the Associated Charities. She thus learns how to diagnosticate the diseases of the improvident and the indigent and can often apply the remedy. Notwithstanding the persistence of vicious social conditions and the constant presence of the needy, "For the poor ye have always with you," the visiting nurse does not lose her ardor. Although repeatedly face to face with the most discouraging situations, she yet loses naught of her enthusiasm. There is probably no philanthropy that can show the favored sons of earth the way to help the unfortunate better than the visiting nurse; she is the natural medium between the classes and the masses. Thus, though a nurse by education and training, she has totally different aims from the nurse therapeutic, for she has evolved into a sociologic force. Her hospital is a great floating institution with hundreds of patients, her wards are the wards of the city and her pupils and helpers the people themselves.

One great power of the visiting nurse is the breadth, farsightedness and adaptability which she has attained by living ever among the struggles of the people and making their conflicts her own. The visiting nurse in Cleveland has thus largely succeeded in establishing and maintaining two institutions which without her aid would long have awaited their instalment. When the suggestion was made to the Visiting Nurse Association in this city to co-operate with the Tuberculosis Dispensary and the Babies' Dispensary it was met by an immediate and favorable response and the social dispensary arose as a new force in the community. The social dispensary is a place where the poor are cared for by the physician and followed to their homes and there instructed by the nurse. The social dispensary system is the best means of controlling consumptives who cannot enter the sanatoria and there is no surer way of thwarting that great holocaust, infant mortality, than through the agency of the Babies' Dispensary.

The evolution of the nurse from a therapeutic to a prophylactic force has made possible these two institutions which promise heroic things in combatting the two deadliest foes of humanity. The prophylactic nurse is the chief spoke in the wheel in their machinery. They would cease to exist as effective agents without her. Everyone who has labored in these institutions recognizes this to be true. In the social dispensary where babies are received, the influence of the nurse will

reach its fullest measure. There she will teach as well as serve; teach the mothers how to bathe and feed their children; teach the daughters how to guard the tiny ones temporarily committed to their keeping. These nurses can become almost foster mothers. To the general dispensary, the nurse is just beginning to find her way. The hospital physician knows but dimly the value of her service. But when a feeble woman is dismissed from the hospital, pathologically cured but still physiologically sick and socially bankrupt, and walks the streets until midnight only to faint in her tracks because there is no place for her, it is time that every one should know that the hospitals must tie themselves to the people by some social force. It is the prophylactic nurse who will bring the hospitals closer to the people. The general dispensary and the hospital visiting nurse has more strictly medical work to do than the social dispensary nurse. Her problems are in a greater degree therapeutic and the physician is still the chief director although the patient is no longer immediately under his eye. The visiting nurse is more directly an evolution from the therapeutic nurse than is the community nurse for, as I have already stated, she is first of all a nurse and is educated as one. She passes through the grades of therapeutic nursing and often has served in the hard school of private nursing. As a body the association has great power, and when intelligently and generously directed it becomes a strong co-operative factor in the "mobilization of social forces," notably the social dispensaries and the schools.

The time is at hand when the children in the schools must have closer supervision of their health, and we will soon see another nursing specialty. Indeed this need has already been recognized in several of our large cities. Boards of Education will do well to select their nurses from those who have had prophylactic and sociologic training. School hygiene, school sanitation and child inspection are necessary for "the preservation of the grain." The ordinary contagious diseases gradually cease to be a menace to the child, but tuberculosis begins to increase suddenly as the child enters the school and gradually grows with each year until the fifteenth when it becomes an element of extreme danger. To pick it out and thwart it requires the aid of the school nurse.

Religious nursing orders have existed for centuries and were a development of alms-giving and the religious life of the church; their ministrations were beclouded with superstition and tradition as was the practice of medicine. As science emancipated itself from error and became free, the nursing of the orders followed it so that the institutions which they now maintain are good examples of hospital administration. The Sister is a therapeutic nurse who lives in a community. Recently

she has called to her aid pupil nurses who are trained and graduated from the hospital. To-day the members of the community attend lectures and examinations, some even take degrees in pharmacy in order the more effectively to direct the apothecary department. The Passavent Sisters, an order founded by a Lutheran Pastor, are planting hospitals throughout the country. They, too, care for the sick only in institutions and are therapeutic nurses. These orders have great power and influence for good as well as strong financial standing. Five years ago a community of sixty Polish Sisters approached a Chicago physician stating that they wanted a hospital and asking that he finance the matter. He considered that the labor of sixty devoted women was a substantial asset and had no difficulty in borrowing $250,000.00 with which to build and equip an institution. The nursing was the attractive feature in the scheme and the part of the whole proposition that made it presentable as an investment. The deaconesses also have hospitals but they carry on as well a system of prophylactic nursing. The large Victorian order of nurses is a lay order or association that provides nurses for individual as well as institutional work. They act as visiting nurses also.

The amateur nurse while not a development of the therapeutic nurse has been distinctly modified by her. The experienced nurse often has distinct gifts. I am sure that I shall never forget a certain one whom I knew on Blackwell's Island. She had served under Metcalf, Elliot, Thomas and Fordyce Barker and was a veritable repository of wisdom. The most efficient typhoid fever nurse I have ever known was an untutored German "hausfrau." These women are admirable coadjutors. The friendly visitor and volunteer nurse also have their place. Probably none give themselves more sincerely and more eagerly to the cause than these women who, by their very contact with poverty and distress, are able to carry back into their world knowledge that bears fruit in a thousand ways.

The mother of young children is always exercising the office of nurse. She is the only one to observe the earliest prodromata of illness as well as to guard the well-being of her brood. In times of health she should always be the head nurse and only resign her position to technical necessity. Her grasp on the psychical side of nursing is much greater than that of any temporary professional nurse, and it behooves both nurse and physician to observe keenly the relations existing between parent and child. The mother can often re-establish the nervous equilibrium of the child and enable "tired nature's sweet restorer" to steal in. The mother is also not infrequently an expert in infant feeding and solves many knotty problems for the nurse. It is a grave responsibility to

separate mother and child, wife and husband at the critical periods of their lives, and I have often doubted the wisdom of it. I have often thought that the therapeutic nurse did not appreciate the latent power in the mother nurse. I hope that I have made it clear that, although nursing is a profession, some of the elements of humanity possess many of its prerequisites and should be utilized.

Dr. Miele, a physician in Ghent, arranged classes of girls to assist him in his work with babies. He taught them the rudiments of nursing and sent them on little commissions. He called them his "Little Mothers" and had many thanks from the tired mothers for the inspiration he had given to the little mothers. All these allied forces get their inspiration from the therapeutic nurse. Such wide spreading branches must indeed have grown from a tree with sturdy trunk and deep root. It is by the patient wrestling with death that the solution of many of the great problems is found. The close, hard thinking by the bedside, the intimate association with the strong mind of the earnest physician, the philosophic facing of a hopeless situation, and the tactful control of a hopeful one, the fearlessness, courage and unwearying patience will contribute to the formation of a permanently elevated character that will send its influence throughout all the fields of nursing.

When one contemplates the extent of the field covered by the nurse and that it is the therapeutic nurse who must keep these fields supplied and that it is the schools that must supply the nurse, one can realize where the responsibility lies for the maintainance of a high standard.

Wherever a nurse finally remains, be it as the hand maiden of the sick, assistant of the physician, or helper of the people, remember that the great profession of nursing is now in a position to weld together many classes of humanity, to consolidate much philanthropic endeavor. Who knows but that the brotherhood of man may finally be realized through the quiet efforts of the nursing sister?

NURSE TRAINING SCHOOLS OF NEW YORK STATE HOSPITALS

By MARY ELIZABETH MAY
Graduate of Rochester City Hospital; Teacher in the Willard State Hospital, N. Y.

The first school was started at the Buffalo State Hospital in 1883 by Dr. Andrews. From 1883 to 1893, a school was started in each of a number of the New York State Hospitals. About 1896 a standard for the minimum training in all the State Hospitals was adopted by the superintendents and a training-school committee was appointed from their number. This committee prepares uniform written examinations for entrance to and graduation from the training schools of the New York State Hospitals. Each hospital decides which candidates pass the entrance examination, and the papers from the examinations held at the end of the junior and senior years are sent to the training-school committee for marking.

At first the teaching in these schools was most elementary, but as time has gone on the course has become broader and now, with the exception of the lack of experience in obstetrics and pediatrics, the course is a full one. The care of the insane is the special work, and the hospitals like best to keep in the service the nurses who graduate from these schools, promoting them to positions of responsibility as vacancies occur in the hospital. The greater usefulness of the graduate is recognized by the State in an increase of salary for each graduate. The following is an extract from the Willard State Hospital Training School Schedule:

"The Willard State Hospital Training School for Nurses was established in 1887. The pupils are selected from the attendants, by examination. The course covers a period of two years, during which practical training is given in the observation and care of all classes of patients under treatment in the wards of the hospital. The number of beds in the hospital is two thousand three hundred and twenty-two and there are opportunities for experience in the care and treatment of not only all forms of mental disease, but also of the acute and chronic illnesses and surgical conditions ordinarily met with in any community, some of which occur with relatively greater frequency among the insane."

Class room work consists of lectures, demonstrations and recitations on:

(1) The nursing of the insane,
(2) Medical nursing (including materia medica),

(3) Surgical nursing, with operative technique, including gynæcological and genito-urinary branches,

(4) Theory of obstetrical nursing with experience whenever cases occur in the hospitals,

(5) Theory of nursing contagious diseases.

Practical training is given in the care of the insane and in the preparation and care of diet for the sick, bandaging, hydrotherapy, electrotherapy, gynæcology, genito-urinary diseases, isolation of patients with infectious diseases, thorough disinfection, operating room technique, preparation and after-care of surgical cases, urinalysis and in materia medica. The nurses are present and assist at autopsies. Massage is taught in some hospitals, though massage is not an obligatory part of the course. A special reference library for nurses is provided by the hospital and the members of the school may also have access to the medical library of the hospital. Lectures are given and quizzes are held by the medical staff, matron and pharmacist. At Willard, the chef instructs the members of the class in the preparation and care of the special diet for the sick; members of the senior class being detailed to the kitchen for practice during their senior year.

The nurses have services of definite periods in the wards for acute medical and surgical cases; for acute insanities (excitements); for acute insanities (depressions, confusions, delusional states); for infirm, chronic bed cases; for tuberculous cases; for convalescent cases, and for epileptics. The clinical instruction is given by the supervisors and charge nurses, principally, and in special conditions by the physicians and matron. All employees of the hospital are instructed in the hospital rules and regulations.

On the wards the pupil nurses are given systematic instruction in:

Deportment toward patients, medical and other officers, supervisors and fellow employees;

Ventilation, temperature and lighting of wards and sick rooms;

General and special cleaning of wards and rooms;

Care and cleaning of scrubbed and polished floors, tile, enamel, marble and metal work;

Making requisitions and receipting for ward supplies;

Use and care of disinfectants and other poisonous ward solutions;

Cleaning of windows, stairways, halls, clothes and dust chutes, toilet rooms, lavatories, baths and bedsteads;

Care, airing, cleaning and disinfecting of mattresses, pillows, bed linen, rubber sheets, other bed protectors, furniture, rugs and carpets;

Care of brooms, brushes, mops, pails and other ward utensils;

Care of wardrobes, bureaus and their contents;
Care of patients' clothing at night;
Care of clothes and linen rooms:
(1) Marking hospital and private clothing,
(2) Marking ward linen,
(3) Arranging clothing and ward linen,
(4) Mending clothing and ward linen,
(5) Care of footwear,
(6) Sending all wash articles to and receiving from laundry;
Care and use of syringes, atomizers, catheters, stomach tubes, ice and water bags, rubber rings, etc., basins, sputum cups, bedpans and urinals;
Care of bed patients;
Collection of excreta for examination;
Serving food to bed patients;
Taking pulse, temperature and respiration;
Making and sterilizing surgical dressings;
Preparation and administration of enemata and douches;
Preparation and application of poultices, stupes, mustard plasters, blisters;
Use of ointments, powders, liniments and other external applications;
Disinfection of excreta, clothing, bedding and person;
Catheterization and bladder irrigation;
Preparations for surgical operation:
(1) Patient, bowels, bladder, skin—for anæsthesia, etc.,
(2) Operating room,
(3) Instruments and dressings,
(4) Solutions,
(5) Personal preparation—toilet, hands, costume, etc.,
(6) Anæsthetist's articles,
(7) The bed and clothing of the patient;
Assisting at surgical operations, and in the after-care of these cases;
Administration of medicines;
Observation of symptoms;
Keeping of bedside notes, charts, records and reports;
Care of patients convalescing from acute illnesses;
Dressing and undressing excited cases;
Getting patients ready for outdoor exercise, guarding and caring for patients during exercise; precautions, attention to rest, toilet, exposure, emergencies;

Attention to patients at table, persuasion of those who refuse to eat, training the disorderly, gluttinous and filthy at table; spoon-feeding, tube-feeding, preparation of food, preparation and control of patient;

Management of patients:

(1) Tactful, gentle, patient, firm methods;

(2) Management of violence without physical restraint, destructiveness, mischievous tendencies, persistent restlessness, noisiness, agitation, emotional outbreaks, depressed conditions, delusions, suicidal tendencies;

(3) Nursing of epileptics, safe-guarding beds, radiators, etc., nursing during convulsions, after a convulsion, of status epilepticus; anticipation of convulsions; auræ, mental states, precautions against injuries and outbreaks. Management of the epileptic—mental condition; nursing of epileptic excitement, depression, automatic and impulsive states. Precautions in the occupations and diversion of epileptics. Dietary of epileptics. Rectal medication.

Nursing of patients convalescing from the different psychoses:

Special exercises, occupation,

Special training of apathetic, dull, reluctant patients,

Diversion of patients,

Attention to friends of patients and other visitors.

Hydrotherapy:

Care of hydrotherapy room,

Care and use of steam boxes, douche table, continuous bath, boiler, ice-box and allied appliances,

Preparation of patient for bath, effect on pulse, etc.,

Precautions to be observed during and following bath,

Technique of the various hydrotherapeutic measures.

Many of the State Hospitals have arranged for their pupil nurses to have experience in obstetrics as required by the Board of Regents.

Around three classes of patients, the more active and scientific work of the hospital centers. These classes are:

(1) The new cases,

(2) The acutely sick and surgical cases,

(3) The chronic, infirm and bedridden patients.

The new cases are admitted on the reception service. Patients with acute illnesses in all parts of the institution other than the wards for chronic infirm and bedridden patients, and all cases needing surgical operation, are transferred to the sick wards if they are confined to bed, ill for more than twenty-four hours. The sick wards are arranged and equipped for general hospital work and the service for chronic infirm and bedridden cases is managed to some extent on general hospital methods.

Several of the hospitals have pavilions for tuberculous patients, and hospitals that have not separate buildings have these patients segregated in wards in the winter and during the summer in tents. Plans have been made for a pavilion for tuberculous patients for the Willard State Hospital and work will probably be started on this building in the near future.

Records of the work done by the pupil nurses on the wards are kept under the following headings:

Practical work,	Neatness,
General efficiency,	Deportment,
Punctuality,	Special cases.
Industry,	

At the end of each month these are signed by the supervisor and physician in charge and are filed, so that the average standing may be made up at the end of the year. These records are sent with the examination papers of each pupil, to the training-school committee of superintendents.

Great progress has been made during the last twenty-five years and there still remains much to accomplish. Teachers who could give their whole time to teaching would be a great help, provided the right kind of people could be found to take up the work.

Dr. Cowles, superintendent of McLean Hospital, in a paper read before the Psychological Section of the International Congress, Washington, D. C., in 1887, on "Nursing Reform for the Insane," says:

"The practical questions resolved themselves, therefore, into one of getting proper instructors and laying a foundation for thorough work in the training. * * * At first a number of trained nurses from the general hospitals were invited into the service. Indeed, one employed as early as 1877, in a common ward for men, remained there five years, but with limited duty. * * * From 1880 to 1885, nine other such hospital nurses were employed in female wards, with a view to gaining their aid in the establishment of our school. With one exception the terms of service of these were only between one and six months; they would stay no longer. One other was appointed superintendent of nurses in 1882, but withdrew after two years; and another, promoted to be supervisor, still remains after three years' service, doing good work also as a teacher. From experience with these twelve nurses, there is ample warrant for saying that their general hospital training had, in some respects, actually unfitted them for 'mental' nursing. * * * The outcome of it was, that our female supervisor, who had been nearly twenty years in the asylum, was allowed by the authorities of the Boston

City Hospital to receive there a six months special and comprehensive course of training. She was instructed not only in the points upon which her experience was lacking, but she *learned the technique of school methods.* * * * Do not try to begin with a simply hospital trained woman in charge, if better can be done, but regard it as imperative that, whoever it is, she shall have some general hospital training. * * * As a head for the school takes some suitable woman already in the service, used to the ways of that particular asylum and its superintendent and send her to some general hospital to be fitted for the new work; a year's training might be enough. The hospitals are likely to be willing to help in this way; such things were done for some of them in the beginning."

A similar experience to this of Dr. Cowles has been meet with by the superintendents of some of the New York State Hospitals who have attempted unsuccessfully to make nurses trained in general hospitals fit into the plan of State Hospital work, and each failure has led to discouragement on the part of the superintendent and his staff and also on the part of general hospital nurses in trying these positions.

On first taking up work among the insane, in 1890, it seemed to the writer of this paper most desirable for nurses graduated from general hospitals to take positions in hospitals for the insane as teachers; this meant, at that time, that a vacancy in the position of matron might be filled by a nurse from a general hospital. When a general hospital graduate has not succeeded as matron of a New York State Hospital, it has seemed to be due to her idea that only general hospital methods were worth while and she has thus antagonized those who have been giving their best efforts for years to improving the standard of care for the insane and who resented interference on the part of anyone so inexperienced in this special work.

The beginning of her work among the insane was under especially favorable conditions for the writer; the hospital was a small one, there being only two physicians on the staff and both of these physicians wanted a graduate nurse as matron; they were most patient with her mistakes and encouraged her in her methods of teaching the attendants. At that time she gave all of the clinical instruction in general nursing. The hospital being small she could come into close contact with the attendants and could especially supervise all the general nursing. She also had time to study the methods of caring for the different conditions of the insane; and she never went on the wards, for years, without learning from the nurses important lessons in tact, patience and skill in caring for the insane. She feels convinced that had she gone into a large hospital, at

first, her time would have been short in this work, because it was three years before she could honestly say, she liked the work as well as general hospital work.

In addition to the plan offered by Dr. Cowles, another suggests itself. Newly graduated physicians come to State Hospitals as clinical assistants in order to get experience in this work; if a similar arrangement could be made for nurses, so that those graduating from a general hospital could come to a State Hospital as clinical and class room assistants and for the study of State Hospital methods, it would constantly bring in the latest methods in general hospital work and would also benefit the nurses who would thus be better prepared for any work institutional or private. Appointment to the position of matron in a New York State Hospital is made from a civil service list of names of those who have taken the written examination for this position. There is plenty of work to be done, and the work is just as important and calls for as high qualities on the part of the pupil nurses and instructors as any other form of nursing service. The realization of the importance of these high demands has given the chief impetus toward development and improvement of the nursing service among the insane.

THE EARLY TEACHING OF NURSES AT THE SALPÊTRIÈRE HOSPITAL, PARIS*

By MADAME P. GILLOT
Ancienne Directrice des Ecoles de la Salpêtrière.

Fifteen years ago, the Salpêtrière Hospital was entirely unlike any other of the hospitals in Paris. Its distance from the centre of the town, its important buildings, its immense gardens and its beautiful avenues of old trees, gave one, on entering, the impression of a pretty little provincial town, where the mind could repose in perfect calm. The population, too, was far from being a noisy one. It was, and is still, composed of old and infirm women, lunatics, and those suffering from nervous complaints. Poor creatures, all of them, to whom perfect rest and quiet is a necessity.

As to the staff of the hospital, it was composed of two distinct elements. The first consisted of young girls from the provinces, Bretons for the most part, called to Salpêtrière by their friends or relations, who were already employed there. The second element

* Read at the International Conference on Nursing at Paris, June, 1907.

was composed of families, parents, and children who sometimes for three successive generations had been employed in the establishment. We can imagine the profound dissimilarity which existed between this staff and that of the other hospitals, supplied in so different a manner. Trained by tradition, as one might say, the nurses of the Salpêtrière followed in the steps of their predecessors; so much attached to the house, that sometimes they refused all preferment rather than leave it. In 1835, a preparatory school was established in the interest of the ward maids of the hospital. It consisted of three or four classes, and did duty till 1845, at which epoch it was closed under new management. After that, no attempt was made to re-establish the school, and those of the ward maids who wished to improve themselves, could only do so by applying to one of the officials, who, in return for a small salary, would teach them to read and to write.

When, in 1878, it was decided to start a training school for nurses at Salpêtrière, it was found that the greater part of the staff (with the exception of the children of the officials and some of the nurses) were incapable of following the lectures with profit, or to write the compositions that were required of them. The idea was then formed of re-starting the primary school, and it was opened in 1878 with sixty pupils. The "Cours" were held every evening, and the pupils were divided into classes which, by reason of the inequality of the knowledge of the pupils, were again sub-divided into several divisions. The greater number of the girls could neither read nor write, and a certain number, by reason of their Breton origin, could not even speak French. In 1888, out of seven hundred and twenty-eight pupils who attended the lectures, two hundred and ninety-three had acquired there all their primary knowledge.*

In 1891, the organization of the school remained the same. The division of the two classes still existed. They were held every evening from seven till nine o'clock. Three days were reserved for the pupils of the first or superior class, and the other three days for the pupils of the second or elementary class. But the law on compulsory education has now commenced to bear fruit: the number of "illiterates" has greatly diminished, and the result of instruction becoming more general is that the best pupils are able to be prepared for the certificate of primary studies.

Of the program of the studies, there is no need to speak, because it is the same as that for the evening classes for adults. At the same time we must notice one important innovation, which makes this course of

* Stated by Dr. Bourneville.

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primary instruction a preparatory course for the professional teaching. It is, that the readings and the dictations are of a special kind. The lessons in orthography are taken out of English hand books of nursing. treating of the care of the sick and insane; the ordinary reading lessons are compiled from the "Practical Manual of Nursing," by Dr. Bourneville, in the parts corresponding to the lessons given by the professors. This enables the teachers to make in some sort a repetition of the lectures, and to give to the pupils any explanations on points which they have not understood. As for the dictations, they have almost always for object, subjects touching on the duties of nurses.

This teaching would be incomplete without moral instruction. To this end, we and our teachers profit by all the circumstances which offer themselves to call the attention of our pupils to the high character of their mission, to the necessity of absolute probity and of a demeanor inspiring at the same time both respect and confidence. We tell them of the importance of the moral side of a nurse's work, and how after having cared for the body, they can by kindness and sympathy assuage mental suffering, often sadder and more difficult to heal than physical suffering. And at times a simple remark made by one of the pupils proved to us that our words had been heard with attention, and had found an echo in the hearts of our listeners. We must say that these good girls have left in our memory very good impressions; moreover on consulting our notes, and those of our teachers, we do not find in the space of ten years one act of insubordination, or one serious complaint. The only remarks which occur fairly often are: "a little frivolous" or "giddy," or "talked in class." This is nothing to speak of, and only to be expected at the age of these young girls, who, in taking their places on the school forms, find again the faults of their youth. On the contrary, we cannot but admire the courage of these brave girls who, at the close of a day given entirely to a hard and sometimes repugnant labor, still find themselves able to spend two hours in serious work, which is laborious to all, and difficult to many.

Several years have passed since the period of which we have just spoken, and the silent little town of Salpêtrière has undergone many transformations. It still possesses its majestic buildings, but at the side of them new premises have sprung up. The beautiful gardens and shady avenues of old trees are still to be seen, though it has been found necessary to do away with certain of the gardens, to reduce the length of several of the avenues, and to sacrifice some of the trees. In the middle of the ground was found formerly an enclosure, which was known by the picturesque name of "the meadow." It no longer exists,

and in its place has arisen the new school for nurses, constructed, as we are told, with all the comfort and all the advantages of modern buildings. What will this new school do? What pupils will it receive? What will be the value of its nurses? How will they be trained? These questions have already caused much ink to flow, and raised many controversies. It seems to us that the answer to these three questions is very simple, and may be thus expressed.

The new institution being entirely in the hands of the Administration will be exactly what the Administration will make it. The school that has just been founded at Salpêtrière being "a public institution designed to train nurses for the hospitals" will be for the nurses the same thing as a training college is for teachers. So to assure the good working of this school should we not do well to follow the methods of the training colleges for teachers, which have been working for so long and with such good results? In both institutions the work is theoretical and practical. For the teachers the lessons in theory are given by special professors; for the nurses they will be given by members of the medical profession. The practical teaching is given for the teachers in the primary schools belonging to the training college, for the nurses it will be given in the hospitals. Thus the regulations in both cases necessitate the pupils being boarders. (We know that at Salpêtrière a few day pupils are taken, but only as exceptions.)

At the head of all training colleges is found a directress who assures the order and discipline of the house; she takes also all responsibility, and all authority is in her hands. We wish that this was the case at Saltpêtrière, that there was a directress solely responsible for the good order and the discipline of the school, and possessing alone the necessary authority to rule in the house. A divided authority has never given, and never will give, any good result. Besides her administrative functions, the directress of the training school is charged to give to the pupils a course of lectures on morals. We wish that it was so at the nursing school that a course of lectures on morals could be instituted and given by the directress.

We have cast our eye over the program of the studies; we find there lectures on theory given by doctors, and practical teaching given in the wards by the "sisters," and that is all! We strongly regret this omission of moral teaching, for if there is a profession in which it is necessary to make appeal to generous and devoted sentiments, and to awaken them where they exist, it is in this profession of nursing. Without doubt there are among the young girls of our hospitals those with good and brave hearts, who give to the unfortunate and suffering those two most precious

gifts, youth and health. But something else is needed besides the impulse which leads them to give themselves to this work. We would wish to develop in them a firm and dependable spirit, which will exercise itself unceasingly and by a determined act of the will towards all. To the irritable and exacting patient, to the old, embittered by age and infirmities, to the child who asks only for its mother and recoils from the nurse without understanding anything of the care she wishes to give!

And then it has been said, and we repeat it, modifying only some expressions, the training school must not only be a school of instruction, it must be also a school of education. The pupils must carry with them when they leave firm and strong principles, elevated and generous sentiments, which will lead them as nurses to the height of their profession, and make them as women worthy of the respect and esteem of everybody. The school having a good strong organization, excellent lectures, a doctor and sisters suited for the posts that have been confided to them, we have now to consider the stumbling block. How to recruit the pupils?

We declare sincerely that we do not wish to make any criticisms—we should find the moment badly chosen to criticise our institutions—but we feel bound to say this: If the Administration recruits its pupils in the same way that it is doing now, it will obtain no good result. Its labor will be lost. Cannot we inaugurate the system of recruiting as it exists in England and the United States? (The probationer must address to the matron a written request describing the position of her family, the instruction she has received, her previous employment, etc. She must then submit to a medical examination. It is left to the matron to decide whether she will be admitted or not.)

In what social class must we seek by preference for pupils? There are two opinions on this question. The one is, that it is only ladies that make good nurses. The second differs absolutely. "Ladies will be pretentious and vain; they will always be difficult to manage." We think that there are exaggerations on both sides, and that a middle course can be found. It is undeniable that a lady can accomplish—by reason of her superior education—many things to which a woman of less social standing could not attain. But here we must stop to consider the true meaning of the term "lady." For us we estimate in the strict sense of the word that a lady is one who has received a good moral education, and this person we shall find in all social ranks in the same way that we find her exact opposite in all degrees of the social ladder. It is this woman of "good moral education" that we must seek for before all

else. If, in addition to this, our pupils are ladies according to the usual definition of the word, there will be no need for us to complain.

CONCLUSION.

1. We wish that the new school at Salpêtrière shall be considered to be a training school for nurses.

2. That the directress shall have the sole responsibility and management of it.

3. That lectures on morals be added to the lectures on theory and practice indicated in the program, and that these lessons be given by the directress.

4. That the present method of recruiting the pupils be absolutely abandoned, and that the pupils of the new school be admitted as far as is possible according to the English plan, that is, with the advice of the directress after a strict inquiry as to the morality of their conduct, and the surroundings in which they have lived.

THE ACTUAL CONDITIONS OF FRENCH HOSPITAL NURSING

By A. M. F. COLE

It is at the request of a well known American nurse, now working amongst the poor of Paris, that I write this paper for an American journal. In The American Journal of Nursing we have read comments on French nursing, and French hospitals, which show clearly a misapprehension of the present condition of both. The same mistaken impression prevails in England; and I have written, without prejudice, to an English journal, giving simple facts on both subjects.

I came to Paris expecting to find secular nurses carrying their profession further than may be possible for nuns, part of whose time and energy must be given to their religious life. An American nurse, an English nurse, a French lady with an extensive knowledge of French hospitals and nursing, and I have now, for some time, given attention to the subject of nursing in French lay hospitals. It is from our collective experience that I write now.

Certain hospitals, built and supported by private charity, and not at the disposal of the government, are still staffed by nuns. Amongst these I may mention "St. Joseph's;" built by a private benefactor for the Sisters of St. Vincent de Paul, driven by the government from other hospitals; and the "Pasteur" adjoining the Pasteur Institute. In both

these hospitals we found excellent nursing; skilled, intelligent, and attentive; most considerate treatment of the patients; and discipline, order, and careful management throughout the institution. Excellent as these, and other hospitals under religious management undoubtedly are, the fact remains that nurses who are members of different religious communities, subject to various rules and superiors, cannot receive the professional training, discipline, and testing, necessary for the making of a uniform standard of hospital nursing. For that reason, the excellence of these religious hospitals did not prejudice my mind against the action of the government in substituting lay for religious nursing, in the great general hospitals. Some loss in tone and affection I anticipated. It seemed inevitable where voluntary service, for the highest motives, often by women of good family, gave place to work on a commercial basis by women of the working and commercial classes. But I expected to find a uniform training, discipline, and progress in the secular staffs, chosen and paid by the government.

Astonishment was my first sensation when I saw the nurses, and the nursing, in a first-rate French hospital. Physicians, surgeons, appliances, structures, were splendidly up to date. The nurses were untrained women, generally without desire or obligation to be trained, hired to attend on the patients, by the day or the night, paid good wages from the beginning, allowed either to live on the premises, or to live in their own homes. Often they are married women, working in the wards in addition to their own domestic duties. These women, many of whom look neither clean nor tidy, come into the wards that are faultlessly antiseptic and germ-proof, their ordinary clothing covered by a white linen blouse, often crumpled and put on anyhow, aprons tied untidily round their bunchy figures, small muslin caps, often on untidy heads. Such, some a little better, some a little worse, are the "*infirmiéres*," or ordinary ward nurses in the laicized hospitals of Paris and of France. If they live in the hospital the accommodation provided for them is such as to prohibit the service of any superior class of women. Crowded dormitories, the beds almost touching each other, without sufficient furniture, tenanted by a majority who have to be forced to take a weekly or fortnightly bath! Bribery, by tips from patients and their friends, is a generally understood condition of extra attention, or indulgence, from *infirmiéres*. They are generally of the charwoman, or servant class, more or less respectable, kind, or intelligent.

The head nurses (*surveillantes*) in charge of so many wards, or of the patients under one physician or surgeon, have authority over the *infirmiéres*, and are responsible for the ward management. Generally

they have attended some course—or even courses—of instruction, and taken diplomas; but that is not obligatory. They sleep on the premises and may, in an emergency, be called up in the night. Except some difference in the cap, their uniform is like those of the *infirmiéres;* but theirs is generally neat, and well put on. Some are well informed, skilful, and experienced. But no standard of training or proficiency is specified, as necessary for a *surveillante.*

Such—in brief and bare outline—is the actual state of nursing in the lay hospitals of France generally. Those of Bordeaux, or sprung from Bordeaux, are under English management, and have no bearing on the subject of French nursing.

M. Mésureur seems to realize the gravity of the situation, produced by the ending of the old order, without any provision for the new. He is face to face with a vast difficulty. Any radical change in the present state of hospital nursing must begin with another general turning out. Unless, after that, *surveillantes* were imported from America, Ireland or England; and teachable young women engaged as *infirmiéres,* I do not see how training could be begun. Probably such a scheme would be condemned by a majority of the government.

So M. Mésureur will begin a reform by the training of nurses, by lectures, and by hours of ward-work in the hospitals. It seems that these pupils will not belong to any special hospital during their training. It is probable that some scheme will be thought out for their future employment and accommodation, before their training is finished. Under present conditions they could not live, or work, in any of the lay hospitals of Paris. Several private training schools have been in existence for some time. At the Salpêtrière a large public training school is already built. Probably this attempt to provide a number of trained nurses is the most that can be done at the moment.

Seeing the hordes of untrained women employed in the numerous and vast hospitals of Paris, the ignorance and indifference of public opinion with respect to hospital nursing, and the disrepute into which hospital nursing, as a calling, has fallen in France, it is plain that M. Mésureur is face to face with a situation too grave for any speedy mending. The fact that he realizes that situation, meets it honestly, and makes some beginning of a reform, is the only cheerful aspect of the subject. I write of what I know and what anyone may know who will visit the hospitals of Paris *under ordinary circumstances and as ordinary visitors,* ask for information from officials, and draw casual details from patients, and patients' friends.

NOTES FROM THE LOG-BOOK OF A VETERAN NURSE

By GRACE HOLMES

Graduate of the Wisconsin Training School, Milwaukee, Wisconsin.

THE following collection of items I beg of you, indulgent reader, not to regard as reading matter claiming the dignified title of "an article." I was asked for an extremely practical paper which might prove helpful to the many readers of the JOURNAL who are scattered throughout our country, far from the possibility of exchanging notes with others of our craft, and with that object in mind I am emboldened to put together such items as follow because, even in this busy progressive centre of nursing, I not infrequently find an able and experienced nurse to whose fund of practical knowledge one or another of these suggestions becomes a welcomed addition.

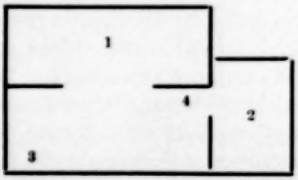
I believe there is no life work which is engaging the attention of women to-day, in which little things count more than they do in the work of a nurse. And in making this statement I deliberately except not even the life of a busy mother of young children. Little things,—the dogged persistence of the search for even one crumb under the sensitive back of a patient—the loosening, almost by a hairsbreadth, of a too snug bandage—the faithful care of a nipple—the exceeding niceness of adjustment of a cotton pad under the collapsing arch of a foot. Where do little things count more than in these and a thousand other details in the life of a watchful nurse?

I am not speaking now in behalf of the patient, but in the interest of the busy nurse herself. My Alma Mater was manned by able women from Bellevue, and one of the lessons which they most carefully drilled into us was that "anything which makes for the convenience of the nurse contributes to the comfort of the patient." At first glance one might feel inclined to question this statement, but, at the end of fifteen years of nursing, I am of the opinion that it "works out."

Of course we were taught—in common with all other nurses from all other schools—that when a nurse enters the home of a patient, she should not demand all sorts of things which the family cannot afford to buy—that she should not turn the house upside down in her effort to get things fixed the way she likes to have them—till every one in the house wishes that the doctor had not insisted upon a trained nurse. "Well," says my busy reader, "hurry on, we all know that!" Yes, we all *do* know that lesson, and that it is a good one not to forget, and

yet I sometimes fear that in some schools this lesson is taught to the exclusion of the other sane Bellevue maxim.

I was led to this conclusion and to an impulse to raise a voice in protest when, in a recent case, I was called to be assistant to a nurse who had been out of school only six months. The accompanying diagram shows the comfortable little suite of two rooms and bath, in which I have marked only such things as bear upon my point. Upon arriving, I found the nurse almost ill from fatigue after struggling on for two weeks alone. By the time she felt that I was thoroughly enough instructed to be left alone, my well defined affinity for small conveniences had prompted me to ask a few questions on my own account, the last one being if she would consider it an impertinence if I should rearrange things a little in the rooms. I put this question with fear and trembling, for I have a dread of making a young nurse feel that I am criticising. However, this one was just tired enough to answer that she would be glad to have me do *anything* that would make the work easier.



Now this nurse was a woman of brains, conscientious, and of charming personality, yet she had been so carefully taught that the nurse should assume, so far as it is possible, all the burdens of the additional work incident to there being sickness in a household, that she had made no changes of any kind in the arrangement of the sick room, though she was well aware that some were needed. Consequently, she was working on the right side, *i.e.*, the wrong side, of a double bed, though the patient had become quite helpless, delirious, and was having frequent involuntary evacuations of the bowels and a persistent dribbling of urine.

Three hours after I was left alone on duty the patient was—not on a single bed, for there was none available—on a cot which answered surprisingly well during the remaining weeks of sickness. To be sure the cot had to be brought from the barn and it took three members of the family to effect the change—yet the help was gladly given. The only other alteration in the arrangement of the room was to move the medicine table from its position at 3 to 4—thereby bringing it in the direct line of march between 2, the bathroom, and 1, the patient's bed.

Having something of a mathematical turn of mind I computed that, taking into account the size of the room and the number of trips which we would necessarily make across it, we effected by this seemingly unimportant change in the position of the table, a saving of *two miles in twenty-four hours.* Now I thoroughly believe that any nurse will be the better for a two mile walk on any day, yet I would recommend that such walk be taken straight ahead and in the open air.

This case was an uncommonly interesting and instructive one, being erysipelas, from which not one inch of cuticle escaped. Catheterization had been necessary at first, then for several days the bladder was emptied voluntarily. Again, at the time of my arrival, there was, as I said before, almost constant dribbling. To our infinite surprise, upon catheterization the bladder was found to contain thirty-eight ounces of urine. Subsequently by catheterizing every eight hours, the leakage was absolutely controlled; also, by the use of large high colonic flushing we reduced the number of stools materially. I would suggest this method as a regular procedure for the controlling of these troublesome conditions, always, of course, with the physician's permission which, save in special intestinal cases, I believe would almost never be withheld; for physicians dread bedsores as much as we do and know how difficult they are to prevent in cases of long illness. When involuntaries are inevitable, an 18 x 18 inch pad, such as is in common use for obstetrical work, is very helpful,—two thicknesses of the commonest cotton bat, covered with the cheapest grade of cheese cloth, not sewed at all unless the patient is very restless. This can be burned, and will cost less than the washing of sheets. Also in "cleaning up" these and obstetrical cases, this common cotton makes serviceable sponges, for it *will* absorb warm soap suds or lysol solution, and costs so little that it is gladly furnished by many families who could not be asked to supply absorbent cotton for such lavish use.

Another extremely satisfactory experiment which we tried in the above case was that of twenty-four, instead of twelve hour, reliefs, the change being made at ten A.M. The nurse going off duty at ten (if the case is not contagious) has time for a walk, a bit of shopping, or a call, before luncheon, a good afternoon nap, up for the pleasant family dinner, to bed early, a leisurely rise in the morning, and comfortable breakfast, a walk, and she is ready for duty at nine or ten when, if necessary, an hour can be spent together over the heavy work. Then the tired nurse is relieved by the fresh one who brings to her work a nice feeling of having had time to eat and sleep and breathe and who is by no means tired out at bed-time but stands the night on duty without

special fatigue and with a comfortable feeling that she has something good coming. In all my years of work I have never spent a more comfortable fortnight and, while I well know that not all cases can be taken care of in this way, yet I do urge a fair trial of this plan where it is possible.

A certain labor saving device very dear to my heart is one for keeping a supply of ice upstairs at night. Take from one to two quarts of chopped ice, from very small pieces to others the size of an egg, place in a clean towel or napkin and suspend into any large pitcher, securing it at the top so as to prevent the ice from touching the drained off water. Wrap the whole over and around with a wet bath towel, which towel must be kept wet. Now place in an open window. Ice can be taken out from time to time during the night and at breakfast time some of the larger pieces will still be found unmelted. Milk, in a Mason jar, wrapped in the same way, in an open window, will keep cold and sweet for the night's use.

A tiny device called the "Universal gas stove," which fits over any common gas burner, will hold a dish large enough for boiling a catheter or heating a little water and saves many trips down to the kitchen, costs ten cents, and should be obtainable in any gasfixture or hardware store. The common little medicine dropper has many uses beside that for which it was originally designed. One can be more sure of a baby's swallowing a dose of medicine if it is delivered well back on the tongue by means of a dropper. A dry fever tongue can be moistened all over by the same device, as can also the tongue of an unconscious dying patient, when the risk of choking makes it impossible to accomplish the purpose with a spoon. The ordinary two quart rubber water bottle, half filled with cold water, placed under the base of the brain will do much to tide a patient over a day of exhausting summer heat and does away with many of the cool spongings which might otherwise be necessary, saving nervous and physical energy for both patient and nurse.

When the linen supply is very limited, and towels are hard or impossible to get, a little talcum powder sprinkled on the bed pan will prevent it from sticking to the moist skin of the patient and save that extremely unpopular accident which will sometimes happen in spite of the utmost care. And now last, but in importance by no means least, is an experience which has made a profound impression upon me. This is by no means original with me, yet the experiment has proved so pronouncedly successful that I would feel that I had failed to perform a plain duty did I omit relating it.

The four-months old daughter of my neighbor was a malted milk baby, very tiny, very happy, contented, a good sleeper, evidently she had no complaint to make of her diet, yet she had an undertone of blue in her coloring and a suggestion of frailty in her general appearance that kept us always apprehensive and uneasy. Further, she had a marked tendency to become, not chafed, but badly excoriated—and she is of clean, healthy parentage. About the middle of June orange juice was added to her diet, from a few drops working up rapidly to a teaspoonful twice a day. Improvement was almost immediate. The blue tint gave place to a most satisfactory pink, and by the end of a month she no longer looked like a frail baby and the tendency to become excoriated had decreased very much—indeed almost disappeared.

An eminent children's specialist explains the action of the orange juice thus: Orange juice is added to the diet of a nursing baby to supply the proteid iron which is found in vegetables. Could we feed tomatoes, cucumbers, etc., the result would be the same. These vegetables, however, upset a baby's stomach which, for some unknown reason, orange juice rarely does. Why some babies thrive without this supplement to the diet, while others do not, is a mystery, yet that they do is a well-demonstrated fact. I believe it is quite within the province of a nurse to suggest this addition to a baby's diet and I most earnestly commend it to the serious consideration of any one coming in contact with a delicate baby.

A NEW CRANFORD—CONTINUED

By ISABEL McISAAC

CHAPTER III. OTHER PEOPLE'S CHILDREN

Our old friend Christine used to say, with grim Scotch humor: "The reason why there are so many old maids in the world is to care for the married women's children."

Her remark was apropos of certain women who found it so easy to drop their progeny in the hospital, along with their responsibility, leaving the nurses to do not only the nursing, but a thousand mother duties as well, while the real mother did a full quota of shopping, matinees and horse shows. Christine also got her feelings agitated by the numbers of nurses and other self-supporting women working night and day to help care for nieces and nephews whose parents proved unequal to the task.

If a vote were taken to decide which is the greater offense, "race suicide" or the wicked negligence of children already existing, the vote of nurses would no doubt be for the latter.

The question which interests Euphemia and me more than any other is why so many childless married men and women are unwilling to do any thing for the tens of thousands of homeless children. The number of childless married people constantly increases and the number of men who abandon their families is appalling in frequency. In every community and neighborhood may be found homeless children thrown upon the charity of the public, and it is amazing how infrequently that charity comes from the better class childless home. Either the homeless children find shelter in public institutions or some household where there are other children crowds these a little closer and finds food for another little mouth, or some childless working woman shares her loaf with them.

To read the reports of charity organizations, one might think that the abandoned and neglected children all come from the poorer and ignorant classes; and while poverty is probably the most common cause, the number of children whose connections and antecedents have been and are among the educated and better classes is great enough to cause an outcry of protest against such monstrous offense.

Here are four instances which have come to our knowledge within less than two years. A ten-year-old child, left an orphan, the nearest relative an aunt, wife of a professor in one of our great universities who declined to give the child a home. The child is now in a charitable home. A six-year-old child whose mother left her father. This father, who drinks, belongs to an old respected New England family. The child was in eight different institutions and boarding places before she was rescued and adopted by an unmarried woman, a nurse, who earns her daily bread. A fourteen-year-old girl, whose mother died when she was born, and whose father never provided for her or ever saw her after the mother was buried. The maternal grandparents cared for her as long as they lived and then good friends with a child of their own took her in. A family of little children left orphans and penniless by a father who had always had a liberal salary, but who spent it upon himself and ran in debt for the maintenance of his family.

Discussing the subject recently with the father of eight he spoke of an acquaintance who was childless and who had been urged by this man to make a home for some child or children, but who replied: "It is too great a responsibility, one never knows how they will turn out," to which the Father of Eight replied: "Would you know any more if they were your own?" No stranger's child could ever bring a minimum of the shame and sorrow into a family that a son or daughter may, and to give them a chance is only a matter of a few years of shelter, food, clothing, school books and teaching them how to care for themselves. They

need not be a great expense, they need not be indulged with luxuries and brought up in idleness, but simply given a chance to work out their own salvation when they are old enough to understand.

Of all the numberless questions about Cranford, prompted by kindly interest or curiosity, none is more frequent than "How about the boys?" —there are two now, Fourteen Year Old and Seven Year Old—our answer is always "They are all right." Care, anxiety, annoyance, hard work and self denial, yes, but worth it, no chance to get morbid nor waste time on introspection while the demands for buttons, whole stockings, clean faces, and full stomachs never cease, and exactly one thousand questions in every twenty-four hours require to be answered while one hundred and fifty "scraps" need to be arbitrated with impartial exactitude.

When Fourteen Year Old is pumping water for the flower beds and Seven Year Old kicks him because he does not stop instanter and give him a pop-gun, and Fourteen Year Old responds by calling Seven Year Old "a little devil," it requires a judicial mind to mete out the proper punishment. Seven Year Old has a busy tongue, a lively imagination with amazing descriptive powers and a great faculty for spilling, dropping and bumping into everything. Fourteen Year Old is slow, quiet, extremely neat for a boy, and vastly patronizing to his junior. In all the range of nursing there is nothing more satisfactory than taking a sick neglected patient and making him clean and comfortable, and the same kind of satisfaction comes by seeing two young rascals clean and wholesome starting off for school. They will come home towsled and hungry at night, full of tales about good or bad lessons, play or fights with other boys, the trains, boats, automobiles, and a thousand other things which must have close attention. Euphemia and I used to look forward to long, quiet Sunday afternoons for reading, but they do not materialize. We recently had a visit from a Good Lady who thinks smoking and playing games on Sunday are the chief sins of mankind. We do not altogether agree with her, having been brought up in an atmosphere of tobacco smoke and with a leaning toward the continental idea of Sunday afternoon.

On this particular Sunday, our two, and three other boys, went swimming after Sunday school, and we hoped would stay away until the Good Lady was safely gone, but as luck would have it a thunderstorm came up and the whole five gathered up their dry clothes and scuttled home across the golf links in their bathing suits, and after depositing their clothes in the barn, ran whooping around and around the house in a deluge of rain.

We long ago ceased trying to explain things to other people and so Euphemia remarked, as if it were the most natural every day occurrence to see five boys from seven to seventeen in bathing suits racing around the house: "I think the boys are back."

Other people's children must be cared for, and the only solution of the problem seems to be for all the childless people to turn to and do it. We need more practice and less precept on the subject. The public institutions are mighty poor substitutes for homes. There is something in institutional life at its very best which takes initiative out of adults and benumbs and blights a child.

The poorest kind of a decent home is better than the best institution. Euphemia declares she had rather take a street gamin than a child who has been blighted by several years in an institution. The children are crying for homes, and how any childless household can close its doors and sit down comfortably, deaf to their clamor, passes all understanding. Christine is probably right as to the mission of old maids.

NURSING IN MISSION STATIONS

A LETTER from Miss Margaret Strathie, of the David Gregg Hospital, Canton, China, says:

"IN the first place, I have been a subscriber to THE AMERICAN JOURNAL OF NURSING ever since it started, I should miss it more than ever could I not have it out here. I read almost everything in it, some of the articles are especially helpful; the April number this year with Miss Biermann's article on massage was to me most interesting, as along with my study of the language I have been trying to teach a blind girl (who was educated in Dr. Niles' blind school) to give massage. It has been very uphill work; it was so difficult to get an interpreter at the right moment, but part of two days last week I was able to get one of our little doctors who speaks English to help me put the article into Chinese. It is particularly interesting to the Chinese in that it is a work that is returning to China after three thousand years. They still give a massage with both hands closed. I am hoping that the teacher will have the article in shape in a week or so, so that the nurses can copy and read it off to the blind girl who, in turn, will copy it in her way; they use the Braille system.

You ask how the students turn out. Dr. Fulton graduated one just after I came. She is a very good nurse. This fall two more will graduate. They do very well as far as they know. I have not been able to give them as much time as I would like, as last year I put in all of my time on the language, and this year I have still to put in several hours each day studying. Besides the blind girl I have only four pupils, but after this fall I hope to have a much larger class, when I shall be able to give them more of my time. Hospitals everywhere are so anxious to get them, and there is a good-sized foreign

community here, beside nearly a hundred missionaries. We cannot begin to supply the demand, but I felt it was better to have as few as possible until I got better acquainted with the language. We have only one book thus far for them to study from and it was compiled by a number of doctors up north. The translation of Mrs. Robb's book is not finished yet though both Dr. Niles and Dr. Ruth Boggs are working on it.

I am the only nurse trained in America in active work here. There are several who married before coming out and there is, in the Canton Hospital for men and women, a graduate of the Royal Infirmary, Edinburgh, in charge, or at least she will be after she gets the language. I am a graduate of the Presbyterian Hospital of Philadelphia. I am very happy to be identified with China at this time when women are coming to the front in education. In connection with this hospital there is a medical school for women with thirty-two students. At Chinese New Year seven graduated and the Viceroy sent three watches to those standing highest in the class; it was a great day for them. In this year's freshman class there is one girl from Hainan and two from Foochow who must put in an extra year studying this dialect. The regular course is four years. The nursing course is two years. We have room in the hospital for about fifty beds. There is a great deal of abdominal surgery. The women are waking to the fact that something can be done for them. Day after to-morrow we operate on one, and two more are waiting their turn. Until we get more nurses the medical students "special" the laparotomies for two or three days. There is a great, great work being done here in Canton alone, for women, and yesterday our women's conference was addressed by a Miss Spenscer from Iowa and a Miss Paddock, at present in Shanghai, both intensely interested in Y. W. C. A. work. They came here to find the sentiment in regard to establishing a branch here, so this fall a lady comes out who will study for two years, and next year an assistant will be sent out. Long before they have the language they will be overwhelmed with work, there is so much to be done in every branch. A young lady is going in training this fall for kindergarten work. As she was born in China, she will be ready for work in a year after she arrives."

ANOTHER account of St. Luke's Hospital, Tokyo, is given in the August number of Spirit of Missions by A. M. Clark.

"It was my good fortune last summer to spend two months as a patient in one of the private wards of St. Luke's Hospital, Tokyo. Only one who has been taken ill alone in a foreign land and laid up in a hotel far from clean, with no attendant who can speak or understand your language, can appreciate the great relief of finding one's self under the hospitable shelter and skillful treatment to be had at St. Luke's. There are many of our own countrymen and people of other nations in Tokyo who, but for St. Luke's, would had small chance of recovering from serious illness, and who, during a long sickness and convalescence would have had to dispense with all the little comforts and mitigations to be had at home.

Though St. Luke's has been erected as a means of bringing the Japanese under the influence of Christianity, we must not therefore neglect our own

countrymen or those of other foreign nations who sometimes in illness need our care as much as the Japanese themselves. Therefore, English and Americans, French, Germans and Russians, all are cared for at St. Luke's together with the Japanese. And the fees paid by the foreigners assist in extending the work among the Japanese.

There are nine private wards in St. Luke's, all spotlessly clean and as cheerful and attractive as our home rooms. The floors are of hard wood, with blue and white Japanese rugs, the furniture is well chosen and the walls are painted a warm buff color, so that the general effect is sunshiny and cheerful. During the hottest weather Dr. Teusler was at the seaside, but remained in telephonic communication with the hospital, and came up by train to Tokyo whenever sent for. The head nurse, Araki San, who has been trained in America, was also taking her summer vacation, and several of the other nurses, too, and yet all the daily routine went on and the patients were cared for as if the full staff had been present. The Japanese assistant doctors are very capable and at least one of them is always in the building. The Japanese girls trained here make excellent nurses. Four of the present staff speak English quite well. They are bright, happy little creatures who seem to enjoy their work, and so small that they look almost like children as they come solemnly around with their little watches and thermometers to take the patients' temperatures."

NOTE.—A trained nurse is needed in the Anatolia College Hospital, Marsovan, Turkey in Asia. It is a wonderful opportunity for some Christian young woman to identify herself with the beginnings of medical missionary work in a foreign land. It will need a woman of exceptional ability, as the work is important. There are about twenty-five Americans in the compound, and the social life there is delightful. For information, address Miss Edith B. Hoover, Hershey Hospital, Muscatine, Iowa.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

PHYSIOLOGICAL ACTION OF TEA AS A BEVERAGE.—*The Practitioner* says: Lauder Brunton believes that tea, when properly prepared and taken in moderation, is both useful and agreeable. The avoidance of danger from impure water is not the only advantage to be gained by drinking vegetable infusions. Tea is a stimulant, and the use of stimulants is almost universal. The effect of tea, coffee, or cocoa seems to be threefold—on the circulation, on the spinal cord, and on the brain. When these substances reach the circulation, the flow of blood through the brain is increased, the brain cells are supplied with extra nutriment, and thought is quickened. It is probable that the brain cells themselves are affected by tea or coffee, so that communication between them becomes more rapid, more complete, and more permanent, than under ordinary circumstances. But it must not be forgotten that these substances tend to keep up mental action when it is not needed. Thus sleep, which restores the tired brain, is prevented. These beverages lessen the sense of fatigue and give a sense of wellbeing and of power, and actually add to the power of endurance. Tea is liable to abuse, and may then bring about most disastrous results. Tea may interfere with nutrition by lessening the feeling of hunger, by rendering food less digestible, and by interfering with the digestive power of the stomach. The different kinds of tea vary in the amount of tannin which they contain. The leaves should never be boiled or stewed. Boiling water should be poured on the leaves, and after standing for a few minutes should again be poured off. Taken with meat, it toughens the fiber. Hard water and water containing iron do not make good tea. A pinch of bicarbonate of soda, when hard water is used, improves the infusion. Tea, when taken in excess, may produce the most serious nervous symptoms and facilitate, if it does not actually produce, mental degeneration.

A SOLUBLE BOBBIN FOR INTESTINAL ANASTOMOSIS.—*The New York Medical Journal*, quoting from *The Boston Medical and Surgical Journal*,

says: Cunningham and Baker have used a macaroni bobbin for intestinal anastomosis. Macaroni recommends itself because it is easily digested in the intestine, is cheap, and may be made sterile in its preparation. During the past four years it was employed experimentally with success, but no detailed observations recorded. A few months ago the writers, aided by Dr. W. E. Ladd, undertook a series of experiments to determine how long the bobbin remained undigested in the intestine. The macaroni used was a large size commercial macaroni, cut into cylinders three inches long by three-quarters of an inch in diameter and bobbins of special design. These were sterilized by dry heat. The experiments were performed upon cats, dogs, and sheep, and tend to show that in the macaroni bobbin we have a device which, besides facilitating intestinal suturing and holding the sutured ends in position until firmly adherent, serves as a conduit for the intestinal contents and at a period of time not under twelve hours or later than thirty-six hours, is digested and absorbed.

Fons et Origo Mali Maris.—*The New York Medical Journal,* quoting from a contemporary, says: Lund, after reviewing the various causes of sea sickness, concludes that: 1. The vomiting is not due to the unusual impression of vision, for it may occur on land, when the eyes are closed, and even to the blind. 2. It is not due to smell. Any unpleasant odor may cause vomiting, and may occur on land, and to any, including deaf mutes, who have sensitive nasal organs. 3. It is not due to momentary displacement of viscera, for it occurs in swinging, or in desending upon an elevator. The sensation is present whether the eyes are open or closed, but it does not occur in deaf mutes. 4. There is some mechanism in the auditory organ, perhaps the system of semicircular canals, which is directly affected by the oscillations of a vessel at sea, which acts as a stimulant to the vomiting centre. The sensation in the ears is synchronous with that in the epigastrium and may be due to change in the equilibrium of the endolymph in the semicircular canals. The treatment consists mainly in lowering the sensibility or conductivity of the different nerves or in benumbing the vomiting centre by narcotic drugs.

Neurasthenia and Autointoxication.—*The Medical Record,* quoting from an Italian contemporary, says: Archangele Mennella believes that the name neurasthenia is inexact and insufficient to express the conception of this neurosis. By many it is not admitted that neuras-

thenia can ever be congenital, as has been claimed by some, although an intolerance for the organic poisons can be inherited. Neurasthenia is not a well-defined disease, nor a morbid entity, but a syndrome. In general there is a toxemia, resulting from altered metabolism in neurasthenic cases, and this toxemia is of gastrointestinal origin. Nervous dyspepsia and gastric neurasthenia are the same condition under different names. There is no reason for seeking for an especial pathology. Neurotic symptoms are generally of chemical origin. Some reflex nervous symptoms result from the ingestion of certain food substances. The same may be said of cephalalgia. The neuroses and many psychoses are of autotoxic origin, and especially of gastrointestinal origin.

Ophthalmia of the Newly Born.—Edgar, in the *Medical Record*, observes that: 1. Silver nitrate solution of 0.5 per cent. strength when applied to the gonococcus for fifteen seconds or longer is germicidal to the organism. Therefore, any solution of equal strength or stronger would fill the requirements as far as germicidal power is concerned. 2. The technique of administration consists simply of instilling the solution into the eye, requiring no after neutralization. 3. Solutions of silver nitrate of 0.5 per cent. and 1.0 per cent. strength do not produce a silver catarrh, even though no neutralizing solution is used afterward. Solutions of 2 per cent. nitrate produce a silver catarrh in about 25 per cent. of cases, whether or not a neutralizing solution is used. Therefore a 1.0 per cent. solution, being germicidal and at the same time producing no silver catarrh, is recommended.

Iodine in Carbolic Acid Poisoning.—Maberly, in *The Lancet*, as abstracted by *The New York Medical Journal*, reports three cases which demonstrate the great value of iodine as an antidote for carbolic acid. In two of the cases the iodine was given early before any general toxic symptoms developed, and acted most beneficially in relieving the burns of the mouth and throat. In the third case all the general toxic effects were fully developed, the abdomen being tympanitic and the stools dark and slimy; yet the patient recovered. In all the cases the iodine was given in the form of the tincture. The doses varied from a few drops up to a drachm. The chemical compound formed as a result of the reaction between iodine and phenol is apparently harmless. For practical purposes it is probable that equal parts of tincture of iodine and carbolic acid are complemental.

MEDICATION OF THE EYE IN CHILDREN.—B. F. Rhea, Junior, says in the *New York Medical Journal:* I should like to publish the following method of putting medicine in a child's eyes, which I recently learned and which I have never seen in the literature. After failing myself to put some medicine in a little boy's eye, which was paining him from a foreign body, the boy's mother told me that she could put the medicine in his eye. She did it in the following way: She put the boy's head on her lap with his back toward her, and told him to close his eye; she then poured the medicine on the inner canthus of the closed eye; when the child was told to open his eye the medicine ran in and anæsthetized the eye sufficiently for him to have the foreign body removed. I have done a good deal of eye practice, but this method of putting medicine in a child's eyes was new to me.

IODINE AND TYPHOID FEVER.—*The Medical Record,* quoting from *The British Medical Journal,* says: David Walsh states that he gives iodine and carbolic acid in all cases of typhoid fever that come under his care, with uniformly good results, a rapid general improvement, and with an absence of complications. His directions are to put one minim of pure carbolic acid and two minims of tincture of iodine into a tumbler of water, and let the patient drink as much of this both day and night as he wishes. It would be interesting to have the efficacy of this treatment investigated in a prolonged series of cases at some large metropolitan hospital or by a collective committee.

OPERATING TABLE WITH HEATING APPARATUS.—*The New York Medical Journal,* quoting from *Roussky Vratch,* says: Shalita devised an operating table provided with an electric thermophore, which keeps the plate of the table heated to about body heat or higher, during the entire operation. A set of four electric lamps with reflectors are also provided over the table, which keep the air over the patient warm. Surgeons who operate with this table must take care to stand straight and not to bend over the field of operation, otherwise they will feel the heat of the electric rays which are reflected from the lamps. Bending over the table while operating is a very bad habit, according to the author.

CANDY FACTORIES HEALTHFUL.—A London physician has lately expressed the opinion that both candy and sealing-wax factories are

very healthful places in which to work. The candy girls, he says, are allowed to eat as much sugar as they like, with an excellent effect upon their health. ***Experience shows that the sugar eater is proof against consumption, and it is impossible for her to become a drunkard.*** The resin dust in the sealing-wax factories makes the air in them very stimulating, similar to that of a pine forest. It is true that the workers in these factories inevitably absorb with the dust particles of vermilion coloring, which is a virulent poison; but, according to the optimistic writer, even this has a good effect upon anemics.

TAN AND FRECKLE REMOVER.—*The American Druggist and Pharmaceutical Record* has the following: The following solution, applied cautiously to the freckles with a tuft of absorbent cotton, will remove the offending spots. The application should be made after the face and arms have been washed and all traces of soap removed:

℞ Corrosive chloride of mercury ..... gr. vi
Diluted hydrochloric acid ..... ʒi
Water ..... ʒiv
Alcohol ..... ʒij
Rose water ..... ʒij
Glycerin ..... ʒi
M.

SUCCESSFUL TREATMENT OF TETANUS.—*La Tribune Médicale* reports the treatment of two cases of tetanus by means of injection of antitetanic serum, in addition to other measures, both of which recovered. In one case the pulse was one hundred and fifty and the respiration interrupted by distressing attacks of suffocation. Phenic acid was also used in this case. In the second case 170 c.c. of serum were used within thirteen days. Forty days elapsed before all traces of stiffness had disappeared.

DUSTY BOOKS.—*The Medical Record* says: Sir Lauder Brunton, in a recent popular article, states that he considers dust as one of the greatest enemies of advanced life, since it is the frequent cause of colds and respiratory diseases. He himself has found very frequently, on taking a dusty book from a library shelf, that it gave him a cold in the head. This has occurred so regularly that he now resorts to sponging the dusty edges with a solution of carbolic acid before disturbing the deposit.

FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK

IMPRESSIONS OF NURSING IN FRANCE

It is generally understood that the nursing in French hospitals is not good, and this impression is to a great extent correct, though it must not be forgotten that the reason for this is that France is in the period of altering her system fundamentally from the mediæval type, such as Italy still shows in her hospitals, to the modern, such as England's. So vast a change cannot be easily made, and all the imperfections which may now be noted in French hospitals may be regarded as transitory, for this great nation, always a leader of civilization, has set herself to the task of remodelling her nursing service.

The complete monopoly of hospital management by religious orders was a remnant of feudalism. Necessary and useful in its time, it is not in accord with modern life, and this for two reasons—one, the scientific; the other, the economic. Medical science must rule in the care of patients to-day, and where the Sisters failed was *not* in owning allegiance to a Higher Power, but in being ruled by an *earthly* hierarchy whose tradition has often been one of direct opposition to science. The economic point is also urgent and dominant. Woman's work used to be carried on in the monastery and in the home, but now, that it has been taken out into the world, she must follow it, and to do this she must be free; she must be paid instead of kept; she must stand on a level with men.

The removal of the Sisters began, in Paris, some thirty-odd years ago, and is now going on in the country at large. It is a painful and distressing process. However firmly one may believe in the new order, the passing of the old is a pathetic thing. The women, who have been kept in a state of intellectual childhood by their clerical directors, do not understand that the world has new social ideals. They look upon it all as pure ungodliness and comprehend nothing of the promise of democracy. Nor do women in general realize that their development as a class depends absolutely upon the full possession of temporal power by the State. Wherever this power, which belongs to the State, is usurped by

any religious hierarchy, women are kept down, and back, but there are many who do not see this. I believe the chief reason for this is, again, an economic one. The Church has always been an employer of female labor on a vast scale, and this labor has always been unpaid, save by board and lodging alone.

What happened in the Paris hospitals after the Sisters had gone? This is what happened. The very same women (and men) continued to do the actual nursing who had been doing it before, for—and this is an important point and one often overlooked—the Sisters did not *nurse*. They supervised, but even this not as we understand it, as they did not teach nor control the lay nurses, who were the servants of the administration.

I have already mentioned the vast extent and centralized government of the Paris hospitals. This centralization, with advantages on the business side, makes it very hard to bring in changes, and so retards that very progress in nursing that the directors wish to bring about. The Paris problem is much harder than the English or American, where one hospital at a time could experiment with the new system. The example of the Bordeaux Training Schools, which we shall come to later, shows that France has attained the full reform of nursing outside of Paris. Another difficulty in Paris is that the Director of the Assistance Publique has not the security of an elective office. He is *appointed*, and therefore can only effect such changes as are almost sure not to cause great opposition.

For years the only figure that appeared on the scene to protect and champion the poor downtrodden infirmières was Dr. Bourneville, a striking and impressive advocate of reform in society and of universal education. A great specialist in nervous diseases, a true savant, also a downright radical, he regarded free and general education, and especially the teaching of elementary science, as a sacred duty, both in the common schools and in the hospitals. His attention turned to the problem of nursing years ago, and in 1871 he made an effort to have the nurses taught, but it fell through. In 1877, being a member of the City Council, he visited London on some errand of that body, and investigated the training schools. He did not see Miss Nightingale, but Miss Merryweather, of the Westminster, and other matrons showed him their excellent systems of nursing, and in 1878 he succeeded in having the City Council authorize the opening of municipal schools for the nurses.

The Paris hospital system was entirely man-ruled. There were no nurses' homes, no matrons. The nurses lived in the hospitals, slept in dormitories, dark and close, and, with no supervision from any woman,

entered, were accepted, domiciled, and often spent their lives in the service. If they married, they remained on in the wards. Often, indeed, two or three generations grew up and went into the nursing or into the domestic service of the hospitals. Of course, under such a system as this, women of the grade of the English nurses would not present themselves. I do not know whether Dr. Bourneville realized the importance of a matron in raising the standard of nursing. To expect it of him would be to expect what no physician of the continent except Dr. Hamilton has ever realized. Then, at that time there were no women ready to assume such control, for Dr. Hamilton and Mlle. Chaptal were little girls. What it is fair to judge him by was what he stood for, and it is very remarkable at that period to find a prominent scientific man uncompromisingly asserting the necessity of intellectual training and professional knowledge for women.

It is not easy for American nurses to understand these schools for the nurses of Paris. First, few of the nurses could read or write, so that this had first to be taught. Here was where Mme. Gillot, who was a teacher, had her long and intimate relation with the cheerful, hard-working, ready and willing infirmières for whom she has so warm an affection. Then, the courses were not compulsory. (I fear that if ours were not, many would stay away.) Further, the schools were not established in every hospital. At first one, there are now four (others, later established in hospitals for nervous and insane we are not considering), so that ambitious nurses have to travel, in hours off, from their own to another institution. Under such difficulties, who can withhold admiration and respect for the persistency of teachers and pupils alike? It is a remarkable result, that in 1904 (I have not the latest statistics by me) the whole number of those who had taken the study courses was 2,151, while in the four hospitals where the schools are held, over three-fourths of all superior posts (head-nurses, directresses, etc.) were filled by the "diplomés," and it is in these hospitals too that one receives the best impression of the "surveillantes."

I fancy that some day a treasure for nurse-antiquarians will be the first edition of the manual prepared by Dr. Bourneville for these schools, printed in extra large open type, to be easier for pupils just learning to read.

The whole story seems to me one of the most remarkable in hospital history. The study and lecture courses of these schools have been criticised as being academic, but without going into this discussion, which really involves the entire system of French hospitals, I think it is important and interesting to note that Dr. Bourneville has established

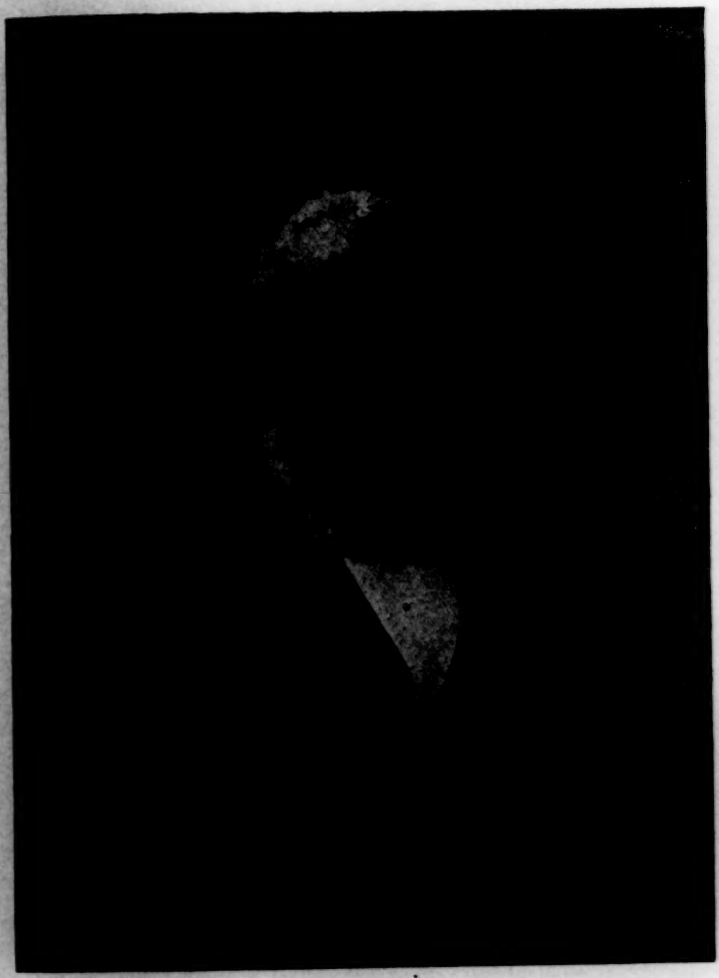
the principle of having *nursing* taught by *nurses*. All the classes and demonstrations in practical nursing, in every branch, are conducted by the most able head-nurses, and he makes appreciative mention of each by name in the annual reports. While this is natural enough to-day it was a very notable departure when he began. He has also always insisted that the pupils should rotate through the branches of service—another strikingly commendable attitude for the continent, where the unwillingness of medical men to see new faces in the wards is a serious obstacle to training and one of their chief grounds of opposition to superintendents of nurses.

For full thirty years this fine old warrior has gone on record in his reports, as demanding rotation in service, reform of night duty (the youngest and least experienced probationers used to be put on at night), better rooms, food, and pay for the nurses, sitting rooms, libraries, and nursing museums for the hospitals—a great record, for which posterity will not forget him.

The urgent need of the Paris hospitals is to have superintendents of nurses, and no more complete proof of this could be wished than has been given by a book recently written by M. Bru, the director of the St. Antoine, a big general hospital, in which all the incidents of the daily lives of the infirmières are described with the most pitiless realism. Suffice it to say that no American nurse could even imagine such ignominious treatment as these poor young women are continually exposed to—from the porter with no manners to the medical student with no morals. Did M. Bru intend this book to be an unmodified indictment of men's rule over women, and did he wish to impress the lesson of the need of women of character, training, and authority, who should have the right to protect them? I am not at all sure of it, but, whether intentionally or not, this is the sermon that the book preaches.

It is announced that the beautiful new building at the Salpêtrière, the first "Nurses Home" in a public hospital, is to have a superintendent of nurses in full charge. We must see, though, whether she is allowed to follow her nurses *into the hospital*—precisely the most important thing of all, and the thing to which medical staffs of hospitals quite generally in Europe are fixedly opposed.

Although one meets many women of ability and devotion to their work in the Paris hospitals, yet the impression of the nursing proper is a painful one. The wards are badly understaffed, and I do not believe we should do better with so few nurses to a ward. The nurses attain great skill and dexterity in manual procedures, but all the little niceties are neglected. The most painful feature is the total absence of screens.



DR. BOURNEVILLE.

One may easily imagine the distress and humiliation of patients at having everything that is done for them, done before everybody. The necessities of sickness are bad enough in themselves without being added to by public exposure. The private nursing schools of Paris have had a certain influence upon the vast administrative machine of the great city hospitals, and their characteristics will be our next consideration.

L. L. Dock.

ITEMS

The International Council of Nurses has received cordial assurances from Sweden that it will be welcomed in that country in 1909. Madame Karin Lundin, a prominent and progressive woman, sends word that the "Nurses' Committee" affiliated with the well known "Fredrika Bremer Association,"—which is the head and centre of all women's work, education, and progress, a living memorial to the great writer,—promises through its directress to assist in every way possible the success of the meetings. It seems, however, that August will not be a good month to meet. Even in that northern country every one is out of town and hospitals then undergo housecleaning and repair. The end of May, or June, is advised.

The International Council will see, with pride and satisfaction, its officers' list augmented at Stockholm by Madame Aletrino von Stockum, Vice-President from Holland; Baroness Mannerheim, Hon. Vice-President from Finland, and it is hoped that Denmark and Sweden will also promise to affiliate. News comes also of a nurses' association to be formed in Switzerland.

The Middlesex Hospital, England, has lengthened its period of training from three to four years, a part of which will be given to the care of convalescents.

The Swedish government has appointed a woman as Sanitary Inspector in Stockholm. Her course in hygiene was taken in England at the Bedford College for Women.

St. Bartholomew's Hospital and the London Homeopathic (says the *British Journal of Nursing*) have established an optional co-operative plan for their private duty nursing staffs—that is, giving the nurses all of their earnings with a small percentage off (like our Registry fees).

Two notable figures of the nursing world of Scotland have recently retired from positions of great importance which they have filled for many years with honor and distinction: Miss Spencer, of the magnificent Royal Infirmary, Edinburgh, and Mrs. Strong, of the Glasgow Infirmary.

Baroness Mannerheim, the superintendent of nurses in the Surgical Hospital of Helsingfors, Finland, and Mrs. Aletrino von Stockum, the president of the Holland Nurses' Association, have consented to hold office in the International Council of Nurses as Honorary Vice-president and Vice-president for their countries.

The English body which is affiliated to the International Council of Nurses numbers about four thousand three hundred nurses and has the following membership: The Matron's Council; The Irish Nurses' Association; The Society for the State Registration of Nurses; The Registered Nurses' Society; St. Bartholomew's Hospital Nurses' League; St. John's House Nurses' League; Chelsea Infirmary Nurses' League; Leicester Infirmary Nurses' League; Birmingham General Hospital Nurses' League; Kingston Infirmary Nurses' League; Royal South Hants Hospital Nurses' League; Parish of Nottingham Nurses' League; Victoria and Bournemouth Nurses' League; The Steevens' Hospital Nurses' League, Dublin. Our German member, the German Nurses' Association, has now over fourteen hundred members.

The "Daily Mail" of London has been carrying on a crusade of exposure of the "Bogus Nurse" and "Nurse Thief" which ought to prove very helpful to the British nurses in their far older crusade for State Registration. How is it possible that, if they read the papers, Sydney Holland and the conservative matrons of the London hospitals can dream of saying that State Registration will "hall-mark" women of unsatisfactory character, and will make "character" of less importance than written examinations? If this argument was sound then countries where registration did not exist should have no troubles about "character." How is it then that England is overrun with "purloiners, prisoners and prostitutes posing as nurses?" to quote Mrs. Fenwick's vigorous sentence? The street uniform seems to make imposture doubly easy in England, and the "private nursing homes" the equivalent of our correspondence schools and private hospitals have absolutely unrestricted liberty for fraud.

LETTERS TO THE EDITOR

[*The Editor is not responsible for opinions expressed in this Department.*]

AN OPEN DOOR

DEAR EDITOR: It is inspiring to read in THE JOURNAL of the progress of nursing, in new lines at home and abroad. Those of us who remember its small beginnings can but marvel that in a generation it has grown to be a true "world power." May a humble member of the sisterhood suggest that there is a great opportunity open to us of which very little is said?

It is well to cure the sick and to care for the helpless wrecks in almshouses and hospitals, but it is better to prevent illness and poverty. As teachers of hygiene we are doing a great preventive work in preaching the gospel of cleanliness, pure food and fresh air, but we seldom see mention of our duty toward the greatest of all dietetic errors, the use of alcoholic drinks, yet it is largely the underlying cause of both the "white" and the "black plague," and of other evils too numerous for mention. The matter has so long been viewed from a moral and social standpoint that its plain physical basis has been largely overlooked.

The medical profession is now practically a unit in the opinion that alcohol acts as a poison on the healthy system and leads to the deterioration of every vital organ. A large, and rapidly increasing number of advanced thinkers and investigators go farther and hold that it is of no value in disease, but simply muffles the danger signal, by making the patient unconscious of the pain, while the disease goes on unchecked. In proof of their statements they bring an array of statistics of recoveries under non-alcoholic treatment that merits careful reading.

The medical use of alcohol is certainly declining, and the field to which it is applied is being constantly narrowed. When I was trained (1877–79) whiskey was freely given in phthisis and Bright's disease. Now it is counted to be contraindicated in both. The cold pack and fresh air are taking its place in pneumonia and typhoid, and so on. We may well hope that in the comparatively near future its use may, like bleeding, be looked upon as a relic of bygone days.

When that time comes and alcohol is banished from the medicine chest, it will soon vanish from the table. The foundation of its power

is the honest belief of good people that in moderate quantities it is healthful and medicinal.

Public interest is being widely aroused by the teaching of scientific temperance in the public schools. It is for us to supplement this teaching in the homes. The mission, district and school nurse have a free hand in this matter, for they are recognized teachers. The private nurse has a far more difficult field, for she is often looked upon as an employee who "must keep her place." In many houses practically nothing can be said, but the example of total abstinence, with the simple explanation that it is better for the digestion and general health, will rarely give offence. It may be smiled at in the parlor, but it will be carefully considered in the kitchen, and may save some poor girl from the glass that dulls her perception and leads to her ruin.

In multitudes of homes, especially of the great middle class, information will be gladly welcomed, if it is given from the dietetic standpoint, the physical side being emphasized. The faintest suggestion of possible inebriety is naturally resented, but no mother is insulted by the caution that beer or wine may injure her unborn or nursing child. There is no offense in explaining that alcohol taken with meal hardens the food and hinders digestion, the comfortable feeling it causes being narcotic and hiding the mischief it does, nor in pointing out that life insurance tables show the greater longevity of abstainers, nor in a whole army of other facts presented from an impersonal, scientific standpoint. Such presentation is as much within our sphere as advising about the care of babies' bottles.

It goes without saying that we must be loyal to our doctors. If they order liquors we must give them, however we may feel about it. But doctors will uphold us in objecting to the self prescription by their patients of alcohol or any other drug.

This letter must not be prolonged, but if any of the JOURNAL readers are enough interested to write to me, I will gladly put them in the way of getting further information along these lines.

ELLEN BERTHA BRADLEY, R. N.,
175 Halsey Street, Brooklyn, New York.

A NURSES' HOME

DEAR EDITOR: About three months ago, when on my way from Seattle to San Francisco, I stopped for a few hours at Portland, Oregon, and as I had heard of the beautiful home the nurses had there, I went to call. The home was built to suit the plans of Miss Lena G. Richardson,

a graduate of the Northwestern Hospital, Minneapolis. I had expected to find a comfortable, cheerful home for the nurses, but certainly nothing quite so complete and well organized as this, planned and carried out by one from my own school. The building is three stories in height and of colonial style. The rooms, single or double, are all sunny and light, complete with every convenience,—hot and cold water, and an electric plate for light housekeeping. The single rooms rent for $13 a month. All the rooms were furnished in the pretty Mission style, curtains, rug and draperies to match. The spring couches are used, so during the day the rooms all look like sitting rooms. Each floor has two or three bath rooms, toilets, and a most complete little laundry, where the nurses may do as much or little of their own laundry as they wish,—also a sewing room. Certainly no one but a nurse could ever have planned every detail to make things perfect and restful for a nurse coming home tired, bodily and mentally. The building cost $10,000.00, and was built for Miss Richardson by a wealthy man who rents it to her. The income from the renting of the rooms covers all necessary expenses. Miss Richardson asks for a high standing among nurses; after this she makes them all happy and contented and looks personally after all the calls. Her high standing and able judgment have no doubt helped to make the registry in Portland what it is. There are about forty nurses in the home, but she has calls for double that number. I hope the time may come when every large city in our country will be able to boast of a home like this. True, many of our cities have club houses, but they are usually started for nurses of a certain school, and no one outside this school would be welcome. Nurses are, more or less, a moving population, and it is always hard for a nurse when she comes into a new field, no matter how high her standing may be. The Portland home, however, seemed to have thoroughly grasped this need—as all that is asked is that she shall have a diploma from a recognized school and a letter showing her to be of good moral character. With these recommendations she is always sure of a fraternal greeting and welcome from members of her profession.

THERESA ERICKSON.

CARING FOR PEOPLE OF MODERATE MEANS

DEAR EDITOR: I was particularly interested in an article in the July JOURNAL by Mrs. Quintard on "Provisions Already Existing for the Care of the Sick of Moderate Means." It was the very last paragraph of the article which I refer to particularly, as I am now engaged on a

case which embodies the conditions mentioned; namely, a family of refinement and culture who desire the services of a trained nurse for about fifty or sixty dollars per month for their mother, an aged lady, not confined to her bed. On account of a slight shock she is left with an aphasia; she seldom knows or can tell when she wishes to urinate or go to stool, which renders the case a most disagreeable one, for, be as vigilant as possible, you cannot prevent accidents.

This of course would not be termed a hard case, as we speak of them, where every bit of one's energy is brought into action to keep the patient *alive*, as well as the physical strength necessary to lift and move the patient about. This case might be made endurable and even agreeable if the family would treat the nurse as a friend and member of the household, but in this case, as so often occurs, as soon as you reduce your price there is a tendency to make you feel that your position is one more of a domestic order.

You can easily see how such treatment would affect a nurse coming herself from a refined family and as sensitive as those who employ her.

It seems to me when people of fairly comfortable means ask a nurse to reduce her regular price, they place themselves under an obligation to her, and the least they can do is to show her the deference due to any member of the family. When she demands twenty-one or twenty-five dollars, and declines to do anything except nurse in its strictest sense, and is a perfect autocrat, she is usually shown the respect due her position, but let her reduce her price, and she drops with a thud to the position of waiting maid.

S. E. B.

NURSING CONDITIONS IN THE SOUTH

Dear Editor: In reading the paper, "Nursing Conditions in the South," by Miss Wyche, one could not help but feel that she had a comprehensive grasp of the situation. She speaks of the lack of competent nurses to fill hospital positions. The flattering outlook for the private nurse will acount in part for this need; the fact that little attempt has as yet been made to prepare nurses for institutional work is also a factor; then, too, the demand for private duty nurses, at least in Louisiana and Mississippi, is usually greater than the supply; also the demand for nurses to fill hospital positions is greater than the supply of those who have been trained for such work. The salaries paid for institutional work in these two states are higher than salaries for corresponding positions north, east or west, yet we are handicapped first because most nurses here prefer private duty, and second, because the average indi-

vidual from the North still clings to that *unreasonable* fear of climate. The summers are long, but one seldom hears of a heat prostration except from Chicago, St. Louis, &c. Miss Cabaniss makes the statement that "our system of training nurses is not over twelve years old in the South." I beg to correct her statement.

It was eighteen years ago that the New Orleans Sanitarium and Training School for Nurses was first organized against great opposition. It has had great vicissitudes and has come up through tremendous odds, always with the life of the training school in view. Its older nurses had hardships and inconveniences that would have daunted any of our present day nurses. Their first superintendent was a Louisiana woman who had gone North to graduate, their second was a Blockley graduate. In May they held their sixteenth annual commencement.

Somewhat more than a year after this school was organized, the Charity Hospital of the same city, having a capacity of about a thousand beds, opened its doors for the training of nurses. Their first supervising nurse was from Bellevue. All these years there have been very few nurses from other states to swell the number in any way. It is true that the nurses in this particular section have thus far been so busy supplying the demand for private duty that neither efforts nor voices have been raised sufficiently to be heard afar off.

Yet a better understanding of the nursing conditions here and greater sympathy for the needs and aims of nurses in this section would do much toward helping forward the work which lies at our door to be done. The busy, strenuous life of the private nurse is not conducive to the study of far away conditions, but those who are looking for hospital work afield will find a harvest ready to be gathered.

People east of the Mississippi consider Texas a far country, just as those north of Mason and Dixon consider Louisiana and Mississippi yet in the swamp country; but I can assure you that Texans consider New York and Chicago a comparatively short run. In many things Texas leads; however, here too is a good field for our progressive, well-trained nurse who is willing to help blaze the trails.

You see how remote we have seemed from one another all these years that so well-informed and progressive a nurse as Miss Cabaniss should make the mistake of five or six years in her statement. At the next meeting of the Associated Alumnæ I trust that not only the Atlantic, the Pacific, and the Lake states will come in for representation and recognition, but that those from the Gulf will also be heard from.

L. May Bushey,
Natchez Hospital, Natchez, Mississippi.

FROM HAWAII

DEAR EDITOR: The August number of the JOURNAL reached me a few days ago and was much enjoyed. We learn to be very patient out here waiting for news from home. You asked about the life and work of nurses on the Sandwich Islands; it is most interesting from all standpoints.

Nurses generally locate in this city and are called to the other islands from here; they are kept very busy and are paid the same rate as on the mainland, twenty-five dollars per week.

There are four hospitals in the city, the Queens, one hundred beds, is the largest, graduate nurses are employed as floor nurses; the Sanitorium, a small private hospital; the Naval Hospital; and the Kapialoni Maternity Home. Both the Queen's Hospital and the Maternity Home have government grants, pay patients, and free wards to Hawaiians. The Maternity Home is supervised by an American trained nurse, but the general nursing is done by Hawaiian women, trained in the home. The city supports a district nurse, who visits the schools twice a week, and finds her work most interesting. There is no association of nurses and no guild. Miss Johnson keeps a register at the Sanitorium and the doctors keep lists in their offices. The quarantine work is very interesting; the lepers are sent to the retention settlement on this island, and at certain periods are taken to Molaikai, the leper island. These people are allowed to marry and their offspring are sent back to Oahu and are taken care of by the Sisters of Charity.

The country is very beautiful, and the hospitality of the people is simply wonderful. Trained nurses have evidently maintained a high standard here, for we hear the kindest criticism and highest praise of those who have gone before.

EDITH M. HODGINS,
Honolulu.

AN EXPLANATION

DEAR EDITOR: In justice to the many New Jersey nurses who protested against the enactment of the Amended Registration Bill at the last session of the legislature, I wish to correct the impression given by an editorial in the June number of the JOURNAL as to their reason for taking this action. Sections of the amended bill had been discussed at the annual state meeting held in Elizabeth in December, but at that time the bill was so far from complete it was impossible to judge of its

final expression. Owing to the facts that the attendance at state meetings is of necessity small, that New Jersey has no medium of communication in the way of paper or county associations, and that the state constitution does not provide for the representation of alumnæ associations, the number of nurses cognizant of the business transacted at these meetings is very limited. An appeal for funds to meet the expenses of legislation was the first intimation that many nurses had of the bill's completed state. No copies had been sent out nor its contents in any way made public, so superintendents of hospitals and training schools and nurses engaged in private work were alike ignorant as to the standards being made for them. The Orange Alumnæ Association called a special meeting for the purpose of finding out through proper channels, the requirements embodied in the amended bill, and also to request that legislation on the same be deferred until all nurses in the state should have the same privilege. When this request, courteously made, was met with definite refusal, the protest was sent to Trenton, the same reason for it being given. In no instance that I know of, was the three years' course made an objection. The nurses who signed this protest are among those who have the best interests of their profession at heart, who desire the best possible bill for their state, and who believe that the way to obtain it is to be found in following the methods so admirably outlined in the JOURNAL for March.

NEW JERSEY.

OFFICIAL REPORTS

[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y. The pages close on the 18th of the month.]

ANNOUNCEMENTS

INDIANA STATE EXAMINATION

THE Nurses' Examining Board of Indiana will hold an examination of applicants for registration at Indianapolis on November 5, 1907. All applications must be filed with the secretary of the board on or before October 25th. For further information apply to Miss Edna Humphrey, secretary and treasurer, 409 East Jefferson Street, Crawfordsville, Indiana.

EDNA HUMPHREY, Secretary.

MARYLAND STATE EXAMINATION

THE Maryland State Board of Examiners of Nurses announces that the first examination for state registration will be held October 29, 30, and 31, 1907.

All applications should be sent to the secretary of the board, Room 610 Professional Building, Baltimore, Md., before October 15.

Nurses applying will be notified where the examination will be held.

MARY C. PACKARD, Secretary.

STATE MEETING OF DISTRICT NURSES

A MEETING of the district nurses of New Jersey will be held on Friday, October 4, 1907, at three o'clock, at the home of Miss Coleman, 331 Main Street, East Orange. All nurses and others interested in the matter are cordially invited to be present. Miss Anderson and Miss Coleman, of Orange, will read papers, and the discussion will be on the advisability of forming a society for concerted action throughout the state.

THE CHICAGO SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES

OFFICERS for the year are: President, Miss Lila Pickhardt, Augustana Hospital; secretary and treasurer, Miss Grace G. Watson, Children's Memorial Hospital. Meetings will be held in Field's Tea Room the first Saturday in the month. The program for the year is as follows: October: The Question of Finances with the Nurse, Miss Breese; November: The Justification for the Third Year of Training, Miss Oberg, Miss Brode; December: The Reasons for the Scarcity of Applicants in the Training Schools, Miss Hay; January: The Training-school Library, Miss Burgess; February: How May a Satisfactory Post-graduate Course be Established, Miss Glenn; March: The Responsibility of the Superintendent who has Entire Charge of the Hospital and Training

School, Sister Veronica; April: Economies in the Hospital, Miss Dahlgren; May: Social Hygiene, Dr. Caroline Hedger; June: Are the Rules of our Training Schools too Severe? Miss Pickhardt.

VIRGINIA MEETING

THE annual meeting of the Graduate Nurses' Association of Virginia will be held in Staunton, Virginia, on October 1, 2, and 3. The Hotel Beverly will be the headquarters of the nurses. A most interesting program has been arranged and a large and enthusiastic attendance is expected.

ELIZABETH R. P. COCKE, R.N.,
Acting Secretary.

PENNSYLVANIA MEETING

THE regular annual meeting and election of officers of the Graduate Nurses' Association of the State of Pennsylvania will be held in the Assembly Room of the New Seventh Avenue Hotel, Pittsburg, Wednesday, Thursday and Friday, October 16, 17 and 18, 1907.

The first session on Wednesday, at two-thirty P.M., will be open. Subjects for discussion: The Hospital Economies Course at Columbia University, State Registration.

An executive session will be held Wednesday evening at seven-thirty, also Thursday morning at ten.

At the Thursday and Friday afternoon sessions there will be papers and discussions on Alms House Nursing, School Inspection, and Settlement Work.

A question box will be provided and will be opened at the Thursday afternoon session. A tea and reception will be held Wednesday afternoon at the Allegheny General Hospital.

A banquet will be given Thursday evening at the New Seventh Avenue Hotel.

Rooms for the visitors have been reserved at the New Seventh Avenue Hotel. Two dollars per day and up. (American plan.)

MAUDE W. MILLER, Assistant Secretary.

OHIO MEETING

THE annual meeting of the Ohio State Association of Graduate Nurses will be held in Cincinnati, October 17 and 18. Headquarters will be at the Hotel Senton. A program of great interest has been arranged and it is hoped that a large number of members will be present.

M. ELLEN KERSHAW, Secretary,
112 East Broad St.,
Columbus, Ohio.

NEW YORK STATE MEETING

THE annual meeting of the New York State Nurses' Association will be held at Syracuse, October 15 and 16, in the Academy of Medicine rooms in the Carnegie Library Building, Montgomery and Jefferson Streets. An interesting program has been prepared. Five practical ten minute addresses on hospital

construction will be given by five Syracuse physicians, and Dr. Barrows, of Buffalo, will speak on the problem of the patient of moderate means. There will be papers on Dangers of Amateur Drugging, by Miss Bradley, of Brooklyn; Public Health Problems, by Miss Hartman; Hospital Economics Endowment, by Miss Marker, of Syracuse; and Nurses' Registry and Club House, by Miss Cole, of Buffalo. Miss Alline will give a report of her work. A reception will be given by the nurses of Syracuse at the Yates Hotel, Tuesday, October 15, from eight-thirty to eleven P.M.

The following hotels are recommended:

YATES HOTEL, corner Montgomery and East Washington Streets.
Rooms with bath, European plan, $2.00 to $3.50.
Rooms without bath, European plan, $1.50 to $3.00.
Rooms without bath, American plan, $4.00 to $5.00.
Rooms with bath, European plan, $4.50 to $6.00.

VANDERBILT HOTEL, corner South Warren and East Washington Streets.
Rooms with bath, American plan, $3.00 to $4.00.
Rooms without bath, American plan, $2.50 to $4.00.

ST. CLOUD HOTEL, corner Clinton and West Washington Streets.
Rooms with bath, American plan, $3.00.
Rooms without bath, American plan, $2.00 to $2.50.
Single meals, 50 cents each.

A reduction of rates to one and one-third fare for the round trip is announced. Particulars should be obtained in advance from the local R. R. ticket agents.

At the New York Central depot, guides wearing a bow of orange ribbon will be stationed, to direct the delegates where they may wish to go.

LAURA WELCH, R.N., Chairman Program Committee,
LINA LIGHTBOURN, R.N., Chairman Committee on Arrangements,
ANNA DAVIDS, R.N., President,
FRIDA L. HARTMAN, R.N., Secretary.

THE GEORGIA BILL

A BILL. To be entitled an Act to regulate the practice of Professional Nursing in the State of Georgia, and to that end to create the Board of Examiners of Nurses for Georgia; and to require registration by those desiring to practice in State as registered nurses, and to provide penalties for the breach of the requirements of this Act, and for other purposes.

SECTION 1. Be it enacted by the General Assembly of Georgia, That the Board of Examiners of Nurses for Georgia is hereby created. It shall be composed of five persons to be selected and appointed in the following manner:

The Georgia State Association Graduate Nurses will, within thirty (30) days after this Act takes effect, nominate to the Governor of this State ten (10) of its members, none of whom is in any way connected with any training school for nurses. The said nurses must have had at least three years of active

practice in their profession immediately preceding their appointment. From this number, the Governor shall, within thirty (30) days thereafter appoint for places on the said Board, one Nurse, who shall hold office for one year from said date of appointment; and two who shall hold office for two (2) years from said date; and two (2) who shall hold office for three (3) years from said date. All of the said appointments shall have the same date, provided no two of the nurses, so appointed, shall have graduated from the same training school.

Upon the expiration of the term of office of any member of said Board, the Governor of this State shall appoint a successor to fill the said term of office.

The said appointment shall be made from a list of five (5) members of the said Association, to be furnished to him by the said Association.

All vacancies occurring in this Board, shall be filled by the Governor for the unexpired term from like nominations furnished to him by the said Association within thirty (30) days after the vacancy occurs: Provided, That if the said Association fails to make the nominations herein required within the time herein specified, the Governor shall make such appointments by nominating such members of the Nursing profession thereto, as may seem to him to be proper.

SECTION 2. Be it further enacted, That the members of this State Board of Examiners shall, within thirty days after appointment, organize by the election of one of its members to be President of the said Board, and another to be the Secretary and Treasurer, who shall hold office for a period of one year and until their respective successors are elected and have qualified; said officers shall be elected by said Board annually, and in case of a vacancy in either of said offices the Board shall, within forty (40) days after the vacancy occurs, elect one of its number to fill said office, and in the event there is no such election within the time named, the Governor shall appoint a member of said Board to fill the vacancy.

The Secretary is required to certify to the Governor, the names of the officers so elected, and in the case of a vacancy this shall likewise be certified by the Secretary to him, and in the event of a vacancy in the office of Secretary, the President of the Board shall certify the same to him and shall certify to him the name of the person chosen to fill the vacancy in the event such vacancy is filled by the Board.

SECTION 3. Be it further enacted, That three (3) members of said Board of Examiners shall constitute a quorum, but no action of said Board shall be valid unless authorized by the affirmative vote of three (3) members thereof.

The Secretary of the Board is directed to keep a record of the minutes of the meetings of said Board and a record of the names of all persons applying for registration hereunder, and of the action of the Board thereon; and a register of all Nurses who have complied with the requirements of this Act, all of which said records shall, at all reasonable times, be open to the public inspection.

Said Board is authorized to have and use an official seal which shall bear the words: "State Board of Examiners of Nurses for Georgia." The certificate of the Secretary of said Board under the seal thereof, as to the action or non-action of the Board, shall be accepted in evidence, in the Courts of this State, as the best evidence of the minutes of the said Board, and likewise the certificate of the said Secretary, under the said seal, as to the registration or non-registra-

tion of any person, shall be accepted as the best evidence as to the registration or non-registration of the said person under the requirements of this Act. The Secretary will issue to all Nurses admitted to registration hereunder, a certificate under the seal of said Board, showing that fact.

SECTION 4. Be it further enacted, That it shall be the duty of said Board to meet for the purpose of examining applicants for registration, at least once in each year, and oftener, should it be deemed necessary by said Board. Notice of said meeting shall be given, of the time and place of said meeting, by written notice posted, postage prepaid to last known address of each applicant, at least ten (10) days before the time of said meeting, and by publication in a daily paper of general circulation, at Atlanta, and in a Nurses Journal, if there be one published in Georgia.

The said notices shall be published at the same rates charged for Sheriff's advertisements. Said notice shall be inserted at least once, and the first insertion shall be made at least two weeks prior to the said meeting. Provided: The Secretary of said Board shall issue a temporary permit to each applicant for registration, which permit will authorize said applicant to do nursing as a registered nurse, until the next meeting of the Board.

SECTION 5. Be it further enacted, That all persons making application for registration under this Act, shall deposit with the Secretary of the said Board at the time of making such application, the sum of five ($5.00) Dollars as an examination fee.

SECTION 6. Be it further enacted, That each applicant for registration, must be at least twenty-one (21) years of age, of good moral character, a graduate from a regular chartered training school for nurses, connected with a general hospital or sanatorium (in which medical, surgical, gynecological, and obstetrical cases are treated), where the three (3) years of training with a systematic course of instruction on the above mentioned class of cases is given in the hospital or sanatorium; or must have graduated from a training school in connection with a hospital of good standing, supplying a three years' training corresponding to the above standard, which training may be obtained in two or more hospitals. All qualifications of the applicant shall be determined by the said Board, which is empowered to prescribe such examination for the applicants as will best test their fitness and ability to give efficient care to the sick. All applicants at the same examination, shall be subjected to the same kind of examination.

SECTION 7. Be it further enacted, That all nurses graduating on or before June first, 1909, from such training schools as are referred to in the preceding Section, shall be by that fact, entitled to registration without examination upon paying the application fee of Five ($5.00) Dollars as provided in this Act, and submitting sufficient evidence of good moral character. Nurses who shall show to the satisfaction of the said Board that they are graduates of training schools connected with a hospital or sanatorium, giving two years' systematic course of instruction, or, if they graduated before or during the year 1907, from such a school giving one year's training, and who are in good moral and professional standing, and are engaged in the practice of the profession of Nursing at the passage of this Act, also all nurses in training at the time of the passage of this Act, and shall graduate hereafter and possess the qualifications herein specified, shall, upon payment of the application fee, be entitled to registration

without examination, provided application is made for such registration on or before June first, 1909.

SECTION 8. Be it further enacted, That after the expiration of six months from the passage of this Act, it shall be unlawful for any person or persons to practice professional nursing as a Registered Nurse in this State, without certificate from the said Board, and any person violating any of the provisions of this Act, shall be guilty of a misdemeanor, and upon conviction therefor shall be punished in accordance with Section 1039 of the Penal Code of the State of Georgia.

Each Nurse who registers in accordance with the provisions hereof, shall be styled and known as a "Registered Nurse," and no other Nurse shall assume or use such title or use the abbreviation "R. N.," or any other letters, words or figures, to indicate that he or she is a Registered Nurse, and a violation hereof shall be deemed a misdemeanor, and shall, upon conviction, be punished accordingly.

SECTION 9. Be it further enacted, That this Act shall not be construed to affect or apply to gratuitous nursing of the sick by friends or members of the family, and it shall not apply to any person nursing for hire, who does not, in any way, assume to be a registered nurse, and who does not use the title Registered Nurse or the letters "R. N.", or other letters, words, or figures, for the purpose of representing that he or she is a Registered Nurse within the meaning of this Act.

SECTION 10. Be it further enacted, That the said Board may revoke any Certificate issued by it for sufficient cause, to be adjudged by it; but no such certificate shall be revoked without a hearing, notice of the time and place of which shall be given to the holder of the certificate by the Secretary at least thirty (30) days before the day set for said hearing, which notice shall plainly set forth charges against the holder of said certificate and the trial shall be only upon the grounds so specified. Said notice shall be mailed to the said person so accused, at his or her last known address, postpage prepaid, or the same shall be delivered personally, to the person so accused.

The presiding officer of said Board is authorized and empowered to administer oaths to all witnesses giving evidence at such hearing; and no evidence shall be received at such a hearing if the same is not under oath.

SECTION 11. Be it further enacted, That out of the funds of the said Board accruing from the application fees herein provided, the Secretary of the said Board shall be paid a salary to be fixed by the Board at a sum not exceeding One Hundred Dollars ($100.00) per year, and all necessary expenses, and the members of said Board shall be entitled out of said funds, to receive Five Dollars ($5.00) per day for each day actually engaged in the service of the said Board and all necessary expenses, all payments out of said funds shall be first approved by the presiding officer of the said Board.

SECTION 12. Be it further enacted, That all laws and parts of laws in conflict herein be, and they are hereby repealed.

THE ILLINOIS BILL

A LAW Relating to Nurses and Providing for Their Registration.

SECTION 1. Be it enacted by the People of the State of Illinois, represented in the General Assembly: A Board to consist of five (5) graduate nurses,

and to be known as the State Board of Examiners of Registered Nurses, is hereby created, whose duty it shall be to carry out the purposes and enforce the provisions of this Act. The members of the Board shall be appointed by the Governor. At the time of their appointment they must be actual residents of the State. They shall be selected from nurses engaged in active work, who shall have been graduated for at least a period of five years from a reputable training school and who, during their course of training, shall have served for two (2) years in a general hospital, and who (except those appointed as first members of the Board) shall have been registered under the provisions of this Act. Three (3) members of the Board shall be selected from nurses who have had at least two (2) years' experience in educational work among nurses. The members of the Board shall be appointed to hold office as follows: One (1) for one (1) year; two (2) for two (2) years; and two (2) for three (3) years from July 1, 1907. Upon the expiration of the term of office of a member, the Governor shall appoint a successor whose term of office shall be three (3) years, and shall fill each vacancy for the unexpired term. Each member of the Board shall hold office until a successor is duly appointed.

SECTION 2. The members of the Board shall, as soon as organized, and annually thereafter, elect from their number a president and a secretary who shall also be the treasurer. The treasurer, before entering upon the duties of the office, shall file with the Secretary of State a bond payable to the People of the State of Illinois in a sum to be fixed from time to time, and with sureties to be approved by the Governor, conditioned for the faithful discharge of the duties of the office. The Board shall adopt rules not inconsistent with this Act to govern its proceedings. It shall adopt a seal and the secretary shall have the care and custody thereof. The secretary shall keep a record of all proceedings of the Board, including a register of the names and addresses of all nurses duly registered under this Act, which shall be open at all reasonable times to public scrutiny. The Board shall cause the prosecution of all persons violating any of the provisions of this Act and may incur necessary expense in that behalf. The secretary of the Board shall receive a salary which shall be fixed by the Board. Each member of the Board shall receive a compensation of ten dollars ($10.00) for each day or fraction of a day in which such member is actually engaged in attendance upon the meetings of the Board and in going to or coming from the place of meeting and all legitimate and necessary expenses incurred in attending such meetings. All expenses of the Board, including such salary and compensation, shall be paid from the fees received by the Board and no part of the same shall be paid out of the State Treasury. All moneys received in excess of the expenditures of the Board shall be held by the treasurer as a special fund for meeting the expenses of the Board and the cost of the annual reports of its proceedings. Such report shall be made to the Governor by December 15th in each year and shall contain a true account of all moneys received and disbursed by the Board.

SECTION 3. Three (3) members of the Board shall constitute a quorum. Special meetings of the Board shall be called by the secretary upon written request of any two (2) members. The Board shall from time to time adopt rules for the examination of applicants for registration in accordance with the provisions of this Act and shall from time to time adopt rules by which to establish a uniform and reasonable standard of instruction and training to be

observed by training schools, and shall determine the reputability of such schools by reference to their compliance with such rules and in like manner may from time to time amend, modify and repeal such rules. The Board shall, immediately upon the election of an officer, file with the Secretary of State a certificate thereof, giving the name and address of such officer and immediately upon the adoption of any rule shall file with the Secretary of State a certificate thereof setting out therein a copy of such rule, or in case of the repeal of a rule setting out fully such fact, and shall immediately publish such certificate in at least one journal devoted to the interests of professional nursing and mail a copy of such certificate to every applicant at the address appearing upon the records of the Board and to every reputable training school in Illinois.

SECTION 4. It shall be the duty of the Board to meet for the purpose of holding examinations not less frequently than twice every year. Notice of such meetings shall be given to the public press and to at least one journal devoted to the interests of professional nursing and by mail to every applicant and to every reputable training school in Illinois at least thirty days prior to the meeting. At such meetings it shall be the duty of the Board to examine all such applicants for registration under this Act as are required to be examined, and to issue to each duly qualified applicant who shall have complied with the pertinent provisions of this Act the certificate provided for in this Act. Any person to whom a certificate of registration shall be issued shall within ninety (90) days thereafter cause the same to be recorded with the county clerk of the county in which such person resided at the time of application. Such person shall be prepared whenever requested to exhibit such certificate of registration or a certified copy thereof. The county clerk shall charge twenty-five cents for recording such certificate and for each certified copy thereof.

SECTION 5. Every applicant for registration shall be at least twenty-three (23) years old, of good moral character, and shall possess such further qualifications as may be prescribed from time to time by the Board by rule. *Provided*, That no such rule shall be inconsistent with the provisions of this Act relating to those who shall make application prior to July 1, 1910. Every applicant shall make such proof of the necessary qualifications as shall satisfy the Board thereof. Every application shall be made in writing in the true name of the applicant, in such form as may from time to time be prescribed by the Board, and shall state the place of residence of and be signed by the applicant. The fee for acting on an application shall be ten dollars ($10) and shall accompany the application, but every subsequent application of the same person shall be acted on without fee.

SECTION 6. Upon compliance with the pertinent provisions of this Act nurses otherwise qualified shall be entitled to registration, as follows:

First.—Without examination, provided they make application prior to July 1, 1910; (a) nurses who shall have graduated before said date and after January 1, 1897, from a reputable training school, connected with a general or special hospital, who at the time of graduation shall have received a course of at least two (2) years' training in such training school; (b) nurses who shall have graduated on or prior to January 1, 1897, from a reputable training school connected with a general hospital, who at the time of graduation shall have received a course of one (1) year's training in such training school and who at the time of application shall have been engaged in nursing for five (5) years

since their graduation; (c) nurses now in training in a reputable training school, connected with a general hospital, which now gives a course of at least two (2) years' training and who shall graduate therefrom.

Second.—Nurses who at the time of application shall have been engaged in the actual practice of nursing for three (3) years, provided they pass an examination in practical nursing and provided they make application prior to July 1, 1910.

Third.—Nurses who shall make application on or after July 1, 1910, and who at the time of application shall have graduated from a reputable training school, connected with a general hospital, requiring a systematic course of at least three years' training.

Fourth.—Nurses who shall make application on or after July 1, 1910, and who at the time of application shall have graduated from a reputable training school, connected with a special hospital, requiring a systematic course of at least two years' training and who at the time of application shall have obtained in a reputable general hospital one (1) year's additional training in subjects not adequately taught in the training school from which they graduated, and shall pass an examination to determine their fitness and ability to give efficient care to the sick.

SECTION 7. It shall be unlawful hereafter for any person to practice or attempt to practice in this State as a Registered Nurse without a certificate from the Board. Any person who has received such a certificate shall be styled and known as a Registered Nurse and shall be entitled to append the letters R. N. to the name of such person. No other person shall assume or use such title or the abbreviation R. N. or any other words, letters or figures to indicate that such person is a Registered Nurse.

SECTION 8. This Act shall not be construed to affect or apply to the gratuitous nursing of the sick by friends or members of the family, nor to any person nursing the sick for hire who does not in any way assume or pretend to be a Registered Nurse, and this Act shall not be construed to interfere in any way with members of religious communities or orders which have charge of hospitals or take care of the sick in their own homes, provided such members do not in any way assume to be Registered Nurses.

SECTION 9. The Board upon written application and upon the payment of ten dollars ($10.00) as a registration fee may issue a certificate without examination to those who shall have been registered as Registered Nurses under the law of another State having requirements equivalent to those of Illinois

SECTION 10. Any person violating any of the provisions of this Act shall be guilty of a misdemeanor, and shall upon conviction be fined for each offense in a sum not less than ten dollars ($10.00) nor more than two hundred dollars ($200.00) for the first offense, and not less than one hundred dollars ($100.00) nor more than five hundred dollars ($500.00) for each subsequent offense. Any person who shall willfully make any false representation to the Board in applying for a license shall be guilty of a misdemeanor, and upon conviction shall be fined in a sum not less than one hundred dollars ($100.00) nor more than two hundred dollars ($200.00).

SECTION 11. All certificates issued by the Board shall be signed by all the members thereof, and shall be attested by the president and secretary.

SECTION 12. The Board may revoke any certificate by a unanimous vote for

dishonesty, gross incompetence, a habit rendering a nurse unsafe to be entrusted with or unfit for the care of the sick, conduct derogatory to the morals or standing of the profession of nursing, or any willful fraud or misrepresentation practiced in procuring such certificate, provided the holder of such certificate shall have been given at least thirty (30) days' notice in writing of the specific charge against such holder and of the time and place of hearing the charge by the Board, at which time and place the holder shall be entitled to be heard and to be represented by counsel. Upon the revocation of any certificate, the same shall be null and void, the holder thereof shall cease to be entitled to any of the privileges conferred by such certificate and it shall be the duty of the secretary of the Board to strike the name of the holder thereof from the roll of Registered Nurses and to give notice of such revocation to the county clerk in whose office such certificate is recorded and thereupon such county clerk shall note the fact of such revocation upon the record of such certificate.

THE MINNESOTA BILL

A BILL for an act to provide for state registration of nurses and the licensing of persons as registered nurses. Be it enacted by the Legislature of the State of Minnesota:

SECTION 1. It shall be unlawful for any person to practise professional nursing as a registered nurse in this state unless such person shall have first obtained a certificate of registration as provided in this Act.

SECTION 2. A Board of Examiners to consist of five persons, one of whom shall be a regularly licensed physician, is hereby created to carry out the purposes and enforce the provisions of this Act. Said Board shall be appointed by the Governor and the other appointments shall be made from Nurses engaged in active work who have been graduated for at least a period of five years from reputable training schools, and whose course of training is not less than three years' duration in actual hospital service; provided that there shall always be two of said members on said Board selected from Nurses who have had at least two years' experience in educational work among nurses, or who have had two or more years' experience in the instruction of nurses in training schools, and provided further, that after the appointment of the first Board, the nurses appointed on each succeeding Board shall be appointed from the nurses registered under this Act.

SECTION 3. Each member of said Board shall serve for a term of five years and until his or her successors are appointed and qualified, except in the case of the first Board, whose members shall hold office as follows: one member shall be appointed to hold office one (1) year; one for two (2) years; one for three (3) years; one for four (4) years; and one for five (5) years. Each member of said Board shall give a bond in the sum of $1,000, with securities to be approved by the Secretary of State, conditioned for the faithful performance of his or her duties, and shall take the oath provided by law for public officers. Vacancies upon said Board caused by death, resignation or expiration of the term of any member thereof shall be filled by appointment by the Governor.

SECTION 4. Said Board shall elect from its members a President, a Secretary and a Treasurer and shall have its headquarters at the State Capitol; shall have a common seal, and the Secretary and President shall have power to administer oaths.

SECTION 5. Each member of said Board shall receive a compensation of five ($5.00) dollars per day for each day of actual services and ten cents (10 cts) per mile for each mile actually traveled in attending the meetings of the Board, which compensation shall be paid out of any monies in the hands of the Treasurer of said Board; provided that said compensation and mileage shall in no event be paid out of the State Treasury.

SECTION 6. Any money in the hands of the Treasurer at the end of any year, in excess of two hundred and fifty ($250) dollars shall be paid over by said Board to the State Treasurer to be kept by him for the future maintenance of the Board and to be disbursed by him upon warrants signed by the President and Treasurer of said Board.

SECTION 7. Said Board shall hold Public Examinations at least once in each year at St. Paul, Minnesota, and at such times as it may determine, and notice of the time and place of such examinations shall be given by a publication thereof at least ten (10) days before such examination in a daily newspaper published at the Capitol of the state, and said Board may give such other notice as it deems advisable. Any person desiring to obtain a certificate of registration under this Act shall make application to said Board therefor, and shall pay to the Treasurer of said Board an examination fee of five ($5.00) dollars and shall present himself or herself at the next regular meeting of said Board for examination of applicants and upon said Board being satisfied that the applicant is (1) of the age of twenty-one years or over, (2) of good moral character, (3) has received an education equivalent to that required for admission into high schools of this state, and (4) has graduated from a training school connected with a general hospital where three years of training with a systematic course of instruction is given in the hospital, or has graduated from a training school in connection with a hospital of good standing supplying a systematic three years training corresponding to the above standards, which training may be obtained in two or more hospitals, said Board shall proceed to examine said applicant in both theoretical and practical nursing and upon such applicant passing said examination to the satisfaction of said Board, said Board shall enter said applicant's name in the register, hereinafter provided for, and shall issue to said person a certificate of registration authorizing said person to practise the profession of nursing as a "Registered Nurse."

SECTION 8. All nurses graduating prior to January 1st, 1910, possessing the above qualifications, shall be permitted to register without examination, upon payment of the registration fee. Nurses who shall show to the satisfaction of the Board of Examiners that they are graduates of training schools connected with a general hospital or sanatarium giving two years' training, or prior to the year 1897 having given one year's training, and who maintain in other respects proper standards, and are engaged in professional nursing at the date of the passage of this Act, or have been engaged in nursing five years after graduation, prior to the passage of this Act, also those who are in training at the time of the passage of this Act, and shall graduate hereafter, and possess the above qualifications, shall be entitled to registration, without examination, provided such application be made before January 1st, 1910.

SECTION 9. Graduates of training schools in connection with special hospitals, giving a two years' course, who shall obtain one year's additional training in an approved general hospital, shall be eligible for registration without

examination before January 1st, 1910, or said graduates shall be eligible for registration prior to said date upon passing a special examination before the Board of Examiners in subjects not adequately taught in the training schools from which they have been graduated.

SECTION 10. Any applicant who has pursued as a business the vocation of nursing for a period of not less than five years prior to the passage of this Act, and who presents to the Board a certificate testifying that he or she is competent to give efficient care to the sick, said certificate to be signed by one licensed physician and two registered nurses, shall be entitled to take a practical examination for state registration, only during the two years immediately following the passage of this Act.

SECTION 11. The Board of Examiners may issue license without examination upon the payment of five ($5.00) dollars registration fee, to applicants who have been registered in other states having equal requirements.

SECTION 12. This Act shall not be construed to apply to the gratuitous nursing of the sick by friends or members of the family, and also it shall not apply to any person nursing the sick for hire but who does not in any way assume to be a registered nurse.

SECTION 13. Said Board shall keep a register in which shall be entered names of all persons to whom certificates are issued under this Act, and said register shall be at all times open to public inspection.

SECTION 14. A person who has received his or her certificate according to the provisions of this Act shall be styled and known as a "Registered Nurse." No other person shall assume such title or use the abbreviation R. N., or any other letters or figures to indicate that he or she is a registered nurse.

SECTION 15. Said Board of Examiners may revoke any certificate for sufficient cause, but before this is done the holder of said certificate shall have thirty (30) days notice, and after a full and fair hearing of the charges made, by a majority vote of the whole Board the certificate may be revoked.

SECTION 16. Any person violating any of the provisions of this Act, or who shall willfully make any false representation to the Board of Examiners in applying for a certificate shall be guilty of a misdemeanor, and upon a conviction shall be punished by a fine of not more than one hundred ($100.00) dollars and not less than ten ($10.00) dollars.

This Act shall take effect and be enforced from and after its passage.

THE WEST VIRGINIA BILL

A BILL to provide for the appointment of a State Board of Examiners, and for the examination and registration of nurses. Be it enacted by the State Legislature of West Virginia:

1. That ninety days after passage of this Act, a Board of Examiners to be composed of five (5) members shall be appointed by the Governor; one of these members shall be designated to hold office one year, two for two years, and two for three years; and hereafter, upon the expiration of the term of office of the person or persons so appointed, the Governor shall appoint a successor to each person or persons, to hold office for three years.

2. And be it further enacted: That the members of this State Board of Examiners shall as soon as organized, and annually thereafter in the month of

June, elect from their members a President and a Secretary, who shall be the Treasurer. Three members of this Board shall constitute a quorum, and special meetings of the Board shall be called by the Secretary upon written request of any two members. The said Board of Examiners is authorized to frame such by-laws as may be necessary to govern its proceedings. The Secretary shall submit a biennial report of all money received to the Governor for transmission to the Legislature and shall be required to keep a record of all meetings of the Board, including a register of the names of all nurses duly registered under this Act, which shall at all reasonable times be open to public scrutiny, and the Board shall cause the prosecution of all persons violating any of the provisions of this Act, and may incur necessary expense on this behalf. The Secretary shall receive a salary, to be fixed by the Board, not to exceed One Hundred Dollars ($100.00) per annum, also traveling and other expenses necessarily incurred in the discharge of her official duties. The other members of the Board shall receive four dollars ($4.00) for each day actually engaged in this service, and all legitimate and necessary expenses. Said expenses and salaries shall be paid from fees received by the Board under the provisions of this Act, and no part of salaries or other expenses of the Board shall be paid out of the State Treasury. All money received in excess of the said allowance and other expenses provided for shall be held by the Treasurer for meeting the expenses of the said Board, and the cost of annual report of the Board.

3. That after January 1, 1908, it shall be the duty of said Board of Examiners to meet at some convenient point within the State not less frequently than once a year, notice of which meeting shall be given to the public press and in one nursing journal one month previous to the meeting. At this meeting it shall be their duty to examine all applicants for registration under this Act, to determine their fitness and ability to give efficient care to the sick. Upon filing application for examination and registration each applicant shall deposit a fee of five dollars ($5.00).

4. That the applicant shall furnish satisfactory evidence that he or she is twenty-three (23) years of age, is of good moral character, has received the equivalent of a high school education and has graduated from a training school connected with a general hospital where two years of continuous residence training, with a systematic course of instruction is given.

5. That all nurses graduating before January 1, 1908, possessing the above qualifications shall be permitted to register without examination upon payment of registration fee. And all nurses having been continuously and successfully engaged in nursing for five years, and who maintain the proper standard, shall, upon passing an examination, be entitled to registration, provided such application be made before January 1, 1908.

Graduate of training schools in connection with special hospitals giving a two years' course, who shall obtain one year's additional training in an approved general hospital, shall be eligible for registration without examination before June 1, 1907; or said graduates from special hospitals shall be eligible for registration prior to said date, upon passing special examination before the Board of Examiners in subjects not adequately taught in the training schools from which they have been graduated.

And it shall be unlawful after the expiration of that time for any person to practice professional nursing as a registered nurse without a certificate in

this State. A nurse who has received his or her certificate according to the provisions of this Act shall be styled and known as a "Registered Nurse." No other person shall assume such a title or use the abbreviation "R. N.," or any other letters or figures to indicate that he or she is a registered nurse.

6. That this Act shall not be construed to affect or apply to the gratuitous nursing of the sick by friends or members of the family; and also it shall not apply to any person nursing the sick for hire, but who does not in any way assume to be a registered nurse.

7. That any person violating any of the provisions of this Act, or who shall wilfully make any false representations to the Board of Examiners in applying for a certificate, shall be guilty of a misdemeanor, and, upon conviction, be punished by a fine of not more than five hundred dollars ($500.00).

8. That the State Board of Examiners of Graduate Nurses may revoke any certificate for sufficient cause; but before this is done the holder of said certificate shall have thirty days notice, and after a full and fair hearing of the charge, by a majority vote of the whole Board, the certificate can be revoked.

STATE MEETINGS

CONNECTICUT.—To the Registered Nurses of Connecticut: Your attention is called to the need of permanently endowing the Chair in Hospital Economics which was established at Columbia University a few years ago at the request of the American Society of Superintendents of Training Schools. The purpose of the course is the instruction of graduate nurses for teachers and superintendents of training schools for nurses, and its establishment is one of the most important steps ever made in the advancement of the profession of nursing.

The course has been supported chiefly by private contributions until its success has been proven and the advantages of its establishment as a permanency assured. To secure this permanency it is necessary to raise a sum of money sufficient for the endowment of the course "The Chair of Hospital Economics" and appeal is made to all nursing organizations, alumnæ societies, state associations and individual nurses to aid in this.

The Connecticut representatives at the annual meeting of the Society of Superintendents of Training Schools and the Associated Alumnæ Convention have pledged the state for one hundred and fifty dollars. The treasury of the Graduate Nurses' Association is so depleted by recent expenses that appeal is made to the Registered Nurses of Connecticut to raise by individual contribution the amount pledged, and it is hoped much more. A contribution of one dollar from each Registered Nurse will, if each one responds, more than fulfill the pledge. A contribution of "one day's work" as was pledged by every delegate at the Richmond convention would triple the amount and by so much more make secure the permanency of the course.

It is what the individual members of the nursing profession do this year—to-day, on which the future of our profession depends. We are in a period of transition in our training schools from the learning of nursing as a trade by apprenticeship, to the studying of nursing as a profession under trained instructors, and the time of transition is always hard. The profession of nursing cannot be taught in the best manner until nurses who are to be superintendents of schools and teachers of nurses have been taught how to teach. This is what

the Hospital Economics course will teach and what the endowment of the chair will render a permanency.

Your personal contribution and such an amount as your influence would obtain from friends of the profession is earnestly solicited.

Contributions may be sent to the treasurer of the Graduate Nurses' Association, Miss Rose M. Heavren, 345 Ellsworth Avenue, New Haven, Conn., at your convenience, but it is desirable that all are in not later than October 1st.

E. BALDWIN LOCKWOOD, R. N., Secretary,
Granby, Connecticut.
By order of the Executive Board.

GEORGIA.—In response to a call from the executive board, the Georgia State Association of Graduate Nurses met at Atlanta, on September 12, in the Carnegie Library Committee room, for the purpose of nominating ten members whose names are to be submitted to the governor of the state from whom his appointments to the recently created Board of Examiners of Nurses will be made.

Of the eighty-three members, thirty-two were present, representing the interests of Savannah, Macon and Atlanta.

The president, Mrs. A. C. Hartridge, briefly reviewed the work accomplished by the association since its organization in April and congratulated the members on having obtained such a good bill in such a short time. The object of the meeting was stated and the section of the bill relating to the appointments to the examining board was read and explained. A motion was then made and carried, that in view of the limited time and important business on hand, the minutes of the last meeting be omitted. From the report of the executive committee, it was learned that a charter had been obtained and that the association is now incorporated under the laws of Fulton County. The treasurer reported the association to be in good financial condition. The expenses incidental to the legislative work had been comparatively small and pecuniary assistance had been received from the local alumnæ associations of Savannah and Atlanta. The report of the Ways and Means Committee, which then followed, was most interesting and explained why it had been considered necessary to re-draft the bill and amend Section 1, thus bringing the same restrictions to bear upon the members of the examining board, as required by law for the members of the state medical board.

By vote of the association, the following list of names will be submitted to the governor: Miss E. M. Johnstone, Miss M. A. Owens, Miss Martha Raines, Savannah; Miss M. Campbell, Macon; Mrs. A. C. Hartridge, Miss Jessie M. Candlich, Miss E. Daughtey, Miss E. Peal, Miss A. Finley, Miss Frances Patton, Atlanta.

Before adjourning, the announcement was made that the annual meeting would be held in Atlanta, early in January.

MISSOURI.—The annual meeting of the Missouri State Nurses' Association will be held in St. Louis, October 23 and 24. Members are requested to make an earnest effort to attend.

ANNA B. ADAMS, Corresponding Secretary.

REGULAR MEETINGS

Montreal, Canada.—The first annual meeting of the Canadian Society of Superintendents of Training Schools for Nurses was held on September 11 and 12, at the General Hospital. The program was as follows:

WEDNESDAY, SEPTEMBER 11TH

Invocation ..... Rev. Arthur French
Address of Welcome, Miss Livingston, Lady Superintendent, General Hospital, Montreal.
Address of the President, Miss M. Agnes Snively, the General Hospital, Toronto.
Report of Council.
Minutes of Preliminary Meeting.
Report of Treasurer.
Paper, "What is Being Done in Canada to Prevent the Spread of Tuberculosis," Miss Louise M. Meiklejohn, Lady Stanley Institute, Ottawa.
Paper, "Hospitals in Our Canadian West," Miss Albertine Macfarlane, The General Hospital, Vancouver, B. C.
Demonstration ..... Montreal General Hospital
Afternoon Tea ..... Miss Livingston

THURSDAY, SEPTEMBER 12TH

Paper, "Small Hospitals," Miss Christina Hall, General Hospital, Jamestown, New York.
Discussion, Miss Anna Chesley, St. Luke's Hospital, Ottawa. Miss Clara Greene, General Hospital, Belleville. Miss Lilla Sheppard, General Hospital, Berlin.
Adoption of Constitution.
Election of New Members.
Election of Officers.
Announcement of time and place of next meeting.
Introduction of President-elect.
Adjournment.
Demonstration ..... Royal Victoria Hospital
Afternoon Tea ..... Miss Henderson, Lady Superintendent

New Haven, Conn.—The Connecticut Training School alumnæ association held its regular meeting on September 3rd. The president, Mrs. Lockwood, presided. The report of the annual meeting was read, and it was decided that the annual report be printed and a copy sent to each member with an appeal for the support of the chair of Hospital Economics.

A committee was appointed to plan for some entertainment to increase the endowment fund.

Pittsburg, Pa.—The second meeting of the Allegheny County Society of Graduate Nurses was held at McCreery's, August 29. The constitution and by-laws for the new association were read and adopted. Permanent officers were elected: President, Miss Reid; first vice-president, Miss Duncan; second vice-president,

Miss Hendrickson; secretary, Miss O'Sullivan; treasurer, Wm. McNaughton; councilors, Miss Hunt, Miss Thompson, Miss Giles, Miss Hosack, and Mrs. Lewis; auditors, Miss Weir and Miss Miller. Arrangements were made and committees found for the entertainment of the State Association to be held in Pittsbugh, October 17, 18, and 19. Future meetings of the association will be held at McCreery's dining room every third Thursday of each month. It is hoped that nurses will attend regularly in large bodies and enjoy a social chat over their cups of tea.

ROXBURY, MASS.—The New England Hospital Training School Alumnæ Association held its annual meeting in June, and elected the following officers: president, Miss Isabella R. Hall; first vice-president, Mrs. Mary C. Hall; second vice-president, Mrs. H. W. Dunbar; third vice-president, Miss Anna M. Cleary; secretary, Miss D. Hodgins; assistant secretary, Miss S. T. Haviland; treasurer, Miss Sarah Beatty.

Miss Isabella R. Hall, delegate to the convention in Richmond, Va., gave a very interesting report of the doings of the Associated Alumnæ.

The registry report shows a marked increase in the number of calls during the past year.

A sale of fancy articles held in April at the club rooms enabled the association to purchase eight more shares of club house stock, and at the annual meeting of the shareholders it was voted to permit the alumnæ, after giving bonds for the remaining shares, to assume control of the club house, which is now in a flourishing condition.

At the close of the meeting the graduating class of the hospital and the members of the association were entertained by Miss J. P. Christoffersen.

The secretary desires the members to notify her of any changes of address. She is located at the club house, 13 Dimock Street, Roxbury, Massachusetts.

MINNEAPOLIS, MINN.—The Hennepin County Graduate Nurses' Association held its third annual meeting on September 11, at the residence of Dr. Marion A. Mead, 1502 Third Avenue South. About thirty nurses were present.

Miss Edith P. Rommel was unanimously re-elected president. The other officers were elected as follows: first vice-president, Miss C. M. Rankeillour; second vice-president, Miss Agnes G. Peterson; secretary, Miss L. Louise Christensen; assistant secretary, Miss Iva Cliff; treasurer, Miss Augusta M. Crisler.

The association has one hundred and fifty-five active members. The past year has been full of important events, including the passing of the bill for state registration and incorporating the organization. The treasurer reported a balance of ninety-one dollars and thirty-two cents.

The report of the registrar shows a continued increase in the work of the nurses' registry, having received one thousand eight hundred and forty-five calls for nurses and one thousand two hundred and seven calls from nurses registering for work, making a total of three thousand and fifty-two calls during the year ending at noon September 11, and six hundred and sixty-six more calls than the previous year. Two hundred and four calls were received from out of town.

SCRANTON, PA.—The regular monthly meeting of the Scranton Training School for Nurses was held at the State Hospital on September 12. The president, Miss Brice, presided. The secretary read the minutes of the May meeting, also of the executive meeting held in August. The next meeting will be held at the State Hospital on October 10.

PERSONALS

MISS ELIZABETH WEBBER, class of 1899, Rochester Homeopathic Hospital, has accepted the position of assistant superintendent of the hospital.

MISS A. LOUISE DIETRICH and Miss Emily D. Greene, graduates of St. Johns Riverside Hospital, Yonkers, N. Y., have established a private maternity hospital at El Paso, Texas.

MISS MARY WEICK, a graduate of the Michael Reese Training School, Chicago, has accepted the position of superintendent in the Weiss Memorial Hospital, Omaha, Neb.

DR. LAURA A. C. HUGHES, president of the Spanish American War Nurses, will not be a candidate for reëlection at the meeting to be held at Fortress Monroe, October 8–12.

MISS E. B. CLARKE has resigned her position as superintendent of the Sarnia General Hospital, Sarnia, Ontario. She is succeeded by Miss Catherine Lawrence, Grace Hospital, Toronto.

MRS. BEVERLY R. TUCKER, neé Elsie Boyd, Old Dominion Hospital Alumnæ, class of 1901, who has spent the summer in Vienna with her husband, has returned to their home in Richmond, Virginia.

MISS N. J. MINOR, corresponding secretary of the Graduate Nurses' Association of Virginia, who was seriously ill during July and August, is now making a satisfactory recovery in the mountains of Virginia.

MRS. MARJORIE ADAMSON, a graduate of the Royal Infirmary, Glasgow, who has been for fourteen years superintendent of the Alexandria Hospital, Alexandria, Virginia, has returned to her post, in perfect health, after a four months' leave of absence spent in Scotland.

After six years' service, Miss L. M. Staples has resigned as superintendent of St. Barnabas' Hospital, Minneapolis. She is succeeded by Miss Harriet S. Hartry, former superintendent of nurses. Miss Staples was the recipient of substantial testimonials of regard from the board, staff, nurses, and employees.

MISS MARY ISABEL HARBOUN, night superintendent at the Toledo Hospital, Toledo, Ohio, has just returned from Sandusky where she officially represented the Spanish American War Nurses at the United Spanish War Veterans' Convention. She went in the place of Dr. Hughes, who was unable to accept the invitation extended to her, and was accompanied by Miss M. B. Unger and Miss W. C. Bohnert of Columbus, Ohio. They were invited to address the convention.

MISS HARRIET SOUTHWORTH, class of 1901, Hospital of the Good Shepherd, Syracuse, N. Y., has resigned her position as superintendent of the Little Falls

Hospital, and after a three months' rest will become assistant superintendent of nurses at the Albany City Hospital. Miss Lucy Cooper, class of 1904, has been appointed head nurse in the operating-room of the Hospital of the Good Shepherd, to succeed Mrs. Wade. Miss Amy Bliss has resigned her position as superintendent of the Niagara Falls Memorial Hospital. She is succeeded by Miss Lawler of Johns Hopkins.

Miss Edith Muhs, Illinois Training School, 1903, and Hospital Economics Course, 1907, is superintendent of the hospital at Trimountain, Michigan. Miss Elizabeth K. Smith, Illinois Training School, 1898, has recently gone to Rockford, Illinois, as superintendent of Rockford City Hospital. Of the class of 1907, Illinois Training School, Miss Margaret Powers has been appointed head surgical nurse at Pasadena Hospital, Pasadena, California; Miss Mary Norquest is superintendent at Mercy Hospital, Iron Mountain, Michigan; and Miss Clara Cramer is in charge of the obstetrical ward at Cook County Hospital, Chicago.

Miss Helen Scott Hay, Superintendent of the Illinois Training School, and Miss McMillan, of the Presbyterian Hospital, Chicago, have been appointed by the Illinois State Board of Charities, members of "A committee on uniform curriculum for nurses in hospitals for the Insane." Miss Julia Lathrop, chairman of the committee, and a member of the State Board of Charities, has long been interested in the care of the insane and it is hoped that with her presence on the board and the fact that two nurses have been placed on the committee something may be done to provide a more liberal supply of high grade nurses for the insane hospitals than has previously been possible in Illinois.

MARRIAGES

On August 24th, Miss Henrietta C. Ashton, Marion Sims Hospital, to Mr. Demarcus L. Pitner.

On June 1st, Miss Florence L. McBride, Marion Sims Hospital, to Mr. William F. Waldron.

On August 29th, at Livingston, Montana, Miss Ellen Minot Allen, class of 1899, Boston City Hospital, to Mr. Henry Budd Robinson.

On July 13th, at Rockville, Maryland, Ethel Mary Griffin, Johns Hopkins Hospital, to Mr. Harwood Franklin Mullikin, of Baltimore, Maryland.

On June 20th, at Saranac Lake, N. Y., Miss Gertrude Fox Jones, Johns Hopkins Hospital, to Mr. James Pryor Williamson, of Wilkes-Barre, Pennsylvania.

At Lexington, Virginia, September 10th, Miss Nanty Mayo Spencer, Old Dominion Hospital, 1903, and Dr. Prentiss DuPuy Johnston. They will live at Pocahontas, Virginia.

On July 18th, Miss Emma MacKenzie, Michael Reese Hospital, to Mr. W. F. Percival, of Toronto. Miss MacKenzie was president of the Michael Reese alumnæ for a number of years.

OBITUARY

On June 17th, 1907, at the home of her sister at Reading, Pa., Miss Sara Rudden, graduate of the Hospital of the University of Pennsylvania. She was stricken with paralysis January 19 while in charge of a patient, but from the first there was no hope of her recovery. Her death was a shock to her many friends and acquaintances.

Miss Rudden was active in all association work, having been president of the University alumnæ for two successive terms, an officer in the Philadelphia County Nurses' Association, and an interested worker in the Pennsylvania State Association. She had also been first vice-president of the Nurses' Associated Alumnæ of the United States during 1903–1904.

TRAINING-SCHOOL NOTES

An Allerton memorial room has been furnished by the graduates of the Rochester Homeopathic Hospital for the pupil nurses and is most attractive and restful.

A reference library for the nurses has been added to the training school of the Hospital of the Good Shepherd, Syracuse, by Miss Young, recently superintendent of nurses.

The Passavant Memorial Hospital, Jacksonville, Ill., reports the completion of a prosperous year. All expenses have been met and several hundred dollars have been spent in improvements.

The graduating exercises of the Michael Reese Training School were held in the memorial hall of the hospital on September 25th. A dinner was given by the alumnæ association to the graduating class during the following week.

Mercy Hospital, of Benton Harbor, Mich., has moved into a new hospital building and has organized a training school, with Miss Ethelyn Bearce, Hahnemann Hospital, Chicago, as superintendent, and Miss Kate McCormack, Cleveland, as assistant.

The Little Falls, N. Y. Hospital and the Thanksgiving Hospital of Cooperstown, N. Y., have affiliated with the Hospital of the Good Shepherd, Syracuse, N. Y., for the purpose of giving their nurses a course in pediatrics. Each of these hospitals is pledged to send three members of its graduating class to serve in the children's pavilion for a period of six weeks.

The following course of required reading is taken from the bulletin of information of the Blessing Hospital, Quincy, Ill. It may prove suggestive to other schools:

First Year: Best articles in The American Journal of Nursing. "Dust and Its Dangers."—Prudden. "Water and Ice."—Prudden. "Chemistry of the Household." Selections from "Martin Chuzzlewit."—Dickens.

Second Year: Best articles in The American Journal of Nursing. "Story of Bacteria."—Prudden. "A Sermon in the Hospital."—King. "Bacteria, Yeasts and Molds in the Home."—Conn. "Uarda."—Ebers. "The Human Nature Club."—Thorndike.

Third Year: Best articles in The American Journal of Nursing. "Nursing Ethics."—Robb. "Personal Hygiene."—Pyle. "Notes on Nursing."—Nightingale. "Life of Florence Nightingale."—Tooley.

THE following open letter was addressed to the president of the State Normal and Industrial College of North Carolina by Miss Wyche, superintendent of nurses at Watts Hospital, Durham:

TO THE PRESIDENT OF THE STATE NORMAL AND INDUSTRIAL COLLEGE

The importance of thoroughly trained nurses is now, as never before, being recognized in the South. The favor with which this profession is being received is attested by the larger number of young women who are applying for training in our hospitals.

To place nursing on the plane of a profession, rather than that of a trade, our nurses must have better preparation, both general and technical.

Some apply whose general education is decidedly deficient, but let us grant that applicants are prepared to begin hospital work, all of us who have to do with the work in our smaller hospitals know under what difficulties classes for nurses are conducted. Where the bulk of the teaching falls, as is usual, upon one nurse or superintendent and a few doctors whose hands are already full, systematic instruction is next to impossible. An emergency case may take the nurse at the lecture hour. The same emergency may take the physician should it happen to be his lecture hour. With her routine hospital duties the pupil nurse is often too fatigued to properly comprehend the simplest subjects. Teaching is very exacting work; and for one nurse to teach half a dozen different subjects and still meet the many demands made upon her time and strength is an impossibility. Teaching requires special fitness, and not every good physician, or nurse of good executive ability, is a good teacher.

It is apparent, I believe, that in the dozen or more hospital training schools in North Carolina, not only are there many applicants whose previous training is deficient, but many subjects are being taught half way, many of which subjects should have been mastered before applying for admission to a hospital. These are the conditions that confront the hospital training schools of our State, all of which are run in connection with small hospitals whose resources are limited.

As a solution of the difficulty it is proposed to offer at the Normal and Industrial College, Greensboro, N. C., a preparatory course for nurses. The advantages of such a course are apparent. Many of the subjects are already being taught there, in a systematic way, by experienced teachers. The thorough grounding in elementry chemistry, physiology, etc., would be of incalculable benefit, both in training study and in lightening the burden of the overworked physicians who have so far borne their part cheerfully and without pay. The saving of time of both superintendent and physician, when a pupil enters the hospital, would be a great factor in favor of the course. Better prepared applicants in our hospital means the saving of the health of the nurses, a saving of money to the hospital in a more economical use of expensive materials and appliances. The hospital owes it to the nurse to give her thorough instruction, and to give it in advance of its being thrust upon her through the necessities of hospital work.

The proposed course roughly outlined might be as follows:

Anatomy and physiology.

Personal and household hygiene.

Home and hospital economics.

Domestic science and dietetics.

Elementary biology.

Chemistry as related to medicine.

Physical culture.

Classroom demonstration by nurses on bed making, bandaging, the preparation and sterilization of surgical dressings, etc.

Frequent lectures by physicians or nurses, on subjects of interest and benefit to the student nurses.

Systematic courses of reading on nursing and allied subjects. The course to cover a school year of nine months at the Normal and have a credit of six months on a hospital course of three years.

Similar courses are being successfully carried on in several large hospitals, and have been added as an elective at Drexel Institute and Simmons College. Teachers' College, New York, has recognized the need of better training for nurses by the establishment of a course in hospital economics in which those who expect to teach this subject will have systematic instruction.

The subjects proposed in this preparatory course should appeal to all who are interested in more sanitary and a more rational way of living in the homes of our state, as well as those directly interested in hospital work. The eyes of thinking women are turning as never before to the problems of home making. Shall we not give them an opportunity to learn, in school, the more elementary facts of health, of nursing, and of dietetics, rather than that they shall have to learn them in the hard school of experience? This course should be so arranged that the large number of young women in the Normal may avail themselves of its privileges whether they expect to enter the smaller profession of nursing, or go, as most of them will, into the larger field of home makers. Such subjects, properly taught, should have a culture value equal to that of literature or history.

There are difficulties, doubtless, in connection with the satisfactory working out of such a course, yet they are infinitesimal as compared with the great possibilities involved. This problem is accordingly submitted for the consideration of the educational department of the Normal and Industrial College and the hospital training schools of North Carolina.

MARY L. WYCHE.

PRACTICAL SUGGESTIONS

I HAVE learned long since that my private likes and dislikes are not the decrees of the eternal.

JOHN BURROUGHS.

ONE can hardly imagine a higher tribute to literature than that implied in the artless question of a little child: "Mamma, does God make books or can men do it?"

WHEN the nuts are ripe, the tree will let them fall and think no more about them. * * * Mountains and trees make me humble. I feel like a poor relation.

BRADFORD TORREY.

WHEN a nurse must handle coal in large pieces for a grate and has no tongs, she will find an old stocking convenient. The hand can be slipped inside the leg and the fingers are not soiled.

M. E. D.

PROBABLY many nurses are by this time familiar with the delightful electric water heaters which can be attached to an electric light fixture. They are particularly nice for nursery use as they do not vitiate the atmosphere and there is no danger of fire.

UNDER a new re-districting law adopted in July by the State Board of Charities of Illinois, the work of removing insane patients from the county almshouses was begun in September. Hereafter the state must gradually take care of all its public insane.

"So many Gods, so many creeds,
So many paths that wind and wind,
When all this old world needs,
Is just the art of being kind."

"GIVE the body the nourishment, the exercise, the fresh air, the sunlight it requires; keep it clean, and then think of it as little as possible.. Don't talk of sickness and disease. By talking of these you do yourself harm, and you do harm to those who listen to you."

PUBLIC HEALTH.

"CLEAN polished teeth are an ornament. School children can be taught that the chief business of the dentist is not to make and extract teeth, but to preserve teeth. Let the human family come under the immediate direction of the efficient dentist twice a year and the toothless race will never come."

PUBLIC HEALTH.

A NEW device called the thermos bottle will keep liquids placed in it at an even temperature, hot or cold, for a long time. If a nurse has no gas of easy access she can keep sterile water sufficiently warm all night for use in doing dressings. It comes in pint and quart sizes and is too expensive for general use.

J. F. C.

"IF man could overcome the inertia of downright laziness and keep his alimentary canal scrupulously clean, one-half of the diseases 'flesh is heir to' would be swept off the earth. Constipation, foul breath, indigestion, headache, nervousness, etc., are the lazy man's legacy. Not infrequently he confirms his habit of laziness by resorting to 'dope.'"

PUBLIC HEALTH.

They might not need me, yet they might,
I'll let my heart be just in sight.
A smile so small as mine might be
Precisely their necessity.

EMILY DICKINSON.

A SAFETY razor is excellent for surgical and obstetrical preparations. The first cost is five dollars, which includes ten blades, but there is no expense for sharpening, and additional blades come in packages at five cents each. Four preparations can be done with one blade. The patient is not afraid and the nurse is saved the wear and tear of boosting her courage.

J. F. C.

In her annual report of the Toronto General Hospital Training School, Miss Snively makes a comment which is so true of all our schools that it is worth quoting: "In this community of over one hundred young women, the process of transforming the untrained, undeveloped, undisciplined girl, into the thoughtful, self-restrained, capable woman, goes on concurrently with that of the daily routine of hospital life."

A patient in a Civil Hospital said farewell to his favorite nurse in these impressive words: "You've bin a good lass to me, Miss, a rare good lass. I o'pe as the Lord'll reward you, but there—*we never know!*" This reminds me of a compliment paid to an American nurse in Europe to whom one of her patients, in deepest gratitude, said: "Nurse, if ever there was a fallen angel, you are one!"

Boils.—There are still physicians who say that boils are always a manifestation of blood disease. While it is true that a run-down condition will predispose to the appearance of boils, these are practically always due to infection from without. It is suggested that men suffer more from boils on the neck than do women, because the former wear starched collars that are likely to produce lesions through which infective agents find their way beneath the skin.

Journal of the American Medical Association.

EXTRACT FROM THE LETTER OF AN ARMY OFFICER TO A FRIEND IN ROCHESTER

The officers at the mess got hold of those articles by Dr. Potter and read them with great interest. The information is just what several of them said that they would have thanked their fathers for telling them before they went to college. One of them is a fellow who has had some severe experience from the lack of just that sort of information at the time when it was needed. His father is a prominent business man and a very active man in the affairs of the Episcopal Church in the state where he lives. His mother is as fine a woman as could be found anywhere. They are simply the kind who give their children good home influences but never came down to telling them specific things about how they ought to live and what they ought to avoid. His boys learned by practical experience that it is easier in the long run to be good than bad.

THE NEW MICHAEL REESE HOSPITAL
DEDICATED JUNE 16, 1907.

"Unless the Lord build the house, they labor in vain who build it."
Psalm 127.

Surely God's blessing rests on these four walls,
Within these quiet rooms, in these vast halls;
On those who silently from out their store,
Gave, that His poor and sick find health once more.

Surely beside these beds in love He stands,
To bless the feeble work of human hands,
Since men have wrought for Him with love and care,
His presence comes to bless the temple fair.

It stands, a monument that must endure,
God builded with these men who blessed His poor,
Love He gives freely from His throne above,
He asks of human hearts that same gift—Love.

EMMA MACKENZIE PERCIVAL.

IN answer to the inquiry about steamship nurses, Miss Ehrlicher of the German Hospital and Dispensary, New York, writes:

"The September JOURNAL inquires about the employment of nurses on steamships. So far as I know there are only two. These are in the employ of the Hamburg-American Company on the steamers *Amerika* and *Kaiserin Augusta Victoria*. They are enrolled as members of the ship's crew and have definite duties, such as being present in the gymnasium during ladies' hour, giving electric light baths, etc. They take their meals in the first cabin dining room, and are expected to spend their time among the first cabin passengers. They have a definite salary and when in port have perfect liberty, remaining on board ship or on land as they like. The Hamburg-American line engaged these two nurses directly from our registry. There are many nurses who take stewardess positions for the sake of the large fees, but I think it is safe to say that these are foreigners. These two nurses have had cases of pneumonia, appendicitis, delirium tremens and insanity. They have been isolated with cases of measles, and have brought patients to hospitals in both ports. These have included first, second and steerage passengers. I doubt if these positions will ever become popular, as steamship companies do not like to pay salaries. They expect the passengers to pay for services in tips. However, by starting in with the right kind of women for the place, we established it on a proper basis.

THE WASH BOILER AS A STERILIZER (for the benefit of those who do not yet know how, and with apologies to those who do).—The following method will be found simple and satisfactory. Be sure that the boiler is clean. Place a cloth on the bottom of the boiler, on this set four Mason jars filled with water. Fill the boiler half way up the jars with cold water. On top of the jars set a wire dish drainer, such as is found in almost every kitchen, on this put the packages to be sterilized, basted in old clean cloths. Cover the boiler tightly. After the water has begun to boil let the packages sterilize for an hour. Dry the packages, a few at a time, by setting them on earthenware dishes in a warm oven with the door open. Have them watched carefully to prevent scorching. Put them in the sun afterward if possible. If the packages are being prepared some time ahead for an obstetrical case, do not pack them away until after twenty-four hours, as dampness may appear later in packages which seemed at first perfectly dry.

The reasons for this process are as follows: The cloth on the bottom of the boiler keeps the jars from breaking. Jars are cleaner than bricks or boards and at the end of the hour they too are sterile and ready for solutions. They are filled with water to keep them from tipping over. The jars are better than a hammock arrangement because they allow the cover of the boiler to fit on tightly, keeping in all the steam. If cold water is used in starting, the packages do not get as wet. The bundles are basted, not pinned, because bastings can be ripped out at one jerk, while pins which have been through a sterilizing process come out with difficulty and may cause delay at a critical moment.

BOOK REVIEWS

IN CHARGE OF
M. E. CAMERON

PRACTICAL NURSING. A Text-Book for Nurses, and a Hand-Book for all who Care for the Sick. By Anna Caroline Maxwell, Superintendent of the Presbyterian Hospital School of Nursing, and Amy Elizabeth Pope, Instructor in the Presbyterian Hospital School of Nursing. G. P. Putnam's Sons, London and New York. The Knickerbocker Press.

The appearance of this work, the fruit of the conjoined labors of Miss Maxwell and Miss Pope, marks a turning point in nursing literature. Up to the present time, the "text-book," and "hand-book" of nursing, have treated of subjects, which, while they necessarily and indispensably belong in the curriculum of every school for nurses, are yet subjects quite apart from practical nursing in the hospital wards or at the bedside of the sick, and quite out of place in a text-book of nursing. One reason for this error in classification has undoubtedly been, that many text-books of nursing have been written by men, who were not so well posted in practical nursing as in anatomy, physiology, surgical technique, etc., and so we have had many successful text-books on nursing, containing a minimum of nursing proper, but well padded with subjects germane, more or less. The present volume differs widely from this class—in which we do not include Mrs. Robb's text-book,—and it differs also from Mrs. Robb's book in that it does not concern itself in the least with hospital administration except in so far as this depends upon the faithfulness and efficiency of the hospital staff from the greatest to the least. The present volume assumes in the opening chapter that women presenting themselves as candidates for training in nursing the sick shall come fortified with good health and prepared to maintain the same by sane hygienic living—fresh air night and day, due regard for wholesome food, and proper amount of sleep; exquisite personal cleanliness, etc. To good health she must be able to add as her second qualification the evidence of education, or failing this, at least some guarantee that she has the capacity for education. The third and

last qualification the authors call the moral—and under this head include, *neatness, economy, courtesy, obedience, promptness, sympathy, tact, truthfulness, dignity, respect for officers,* and *respect for the secrets of others.* No hint here for a field for over-training—honesty and intelligence being the only attributes besides health which a prospective probationer need possess. The book proceeds with a chapter on bacteriology —its relation to disease—manner of classification of bacteria and means of preventing their increase—methods of destroying germs and rules for making germicidal and disinfectant solutions. Next comes ventilation—the care of the ward, referring back to the chapter on bacteriology for the reasons for special precautions against accumulations of any sort of dust, rust or other sign of foreign matter. The making of beds—care of patients—symptoms—charting, and recording.

Baths and packs have their own chapter, where we have the simplest and plainest information—the most minute details relating to the comfort of the patient—the most exact authority for temperature, time, etc. No less attention to detail is given to the chapters which follow—on counter-irritants; the urine; enemata; lavage; douches. The administration of medicines, Chapter XV, outlines what a nurse ought to know (very briefly) about medicines; gives the rules for estimating the percentage of solutions, for estimating the dose of a different fractional part of grain from the drug on hand, for estimating a child's dose. Gives the different weights and measures including the metric system; the symbols and abbreviations used in prescriptions and chemistry. Demonstrates the administration of medicines through the skin; by rectum and by inhalation; also the application of medicine to the eye. The same chapter concludes with the keeping of medicine lists, order books, and the immaculate care of the medicine case.

Emergencies, medical and surgical; bandages, strapping, and splints; these in three chapters are also demonstrated. Chapter XIX brings us to surgical dressings. We have exact rules for the cleansing and sterilization of everything which is to be brought in contact with the wound, of everything which enters the operating room or is placed upon the dressing tray for the bedside dressing. Treatments which require aseptic precautions follow in line—as aspirations, hypodermoclysis, injections of antitoxines, and vaccination, intubation and the taking of throat cultures, and cultures of the blood. Following these come operating-room technique; synopsis of important diseases, a short chapter on food and then the XXV and last chapter which very briefly outlines the use of massage and some of the movements employed. This is followed by the usual glossary and index.

One needs to read the book to appreciate it; a mere enumeration of the subjects gives no hint of the immense amount of care taken to quote methods which have been proved by experience in many schools to be the means best adapted to give good results and at the same time to insure the comfort and confidence of the patient.

Practical experience speaks from every page of the book—this gives it at once its greatest value and its charm. With all due regard to other schools throughout the country it must be acknowledged that many are unable from one reason or another to attain to the fine standard which the Presbyterian Hospital School of New York has set, and it is a matter for congratulation that those who have made the success of the school are so generous in sharing the result of their experience and labor. Not an idle word—not a shred of padding is to be found between the two covers. Vain repetitions are studiously avoided—the pupil being referred to page and chapter whenever it is necessary to draw on a previous lesson. A feature of marked importance is the footnote which is repeatedly employed throughout the book to attract and hold the attention to some point of vital importance. The authors have our heartiest congratulations and best wishes for the success of the book both as a literary venture and a financial investment.

FOODS AND THE ADULTERATIONS. Origin, Manufacture and Composition of Food Products; Description of Common Adulterations, Food Standards and National Food Laws and Regulations. By Harvey W. Wiley, M.D., Ph.D. P. Blakiston's Sons & Co., 1012 Walnut St., Philadelphia.

This book gives a great deal of valuable information regarding foods, and the title fails to convey any adequate idea of the many sided interest which the subject includes. Beside what is indicated on the title page, there is matter to carry the reader far afield in the arts and sciences. If one wanted a whole library in one book this comes as near it as one could well hope to find. Of course there is everything relating to meat and milk and oleomargarine and all the things one expects, but there is also much more; there is chemistry, botany, bee-keeping, sugar milling, an exhaustive article on fungi, ditto on fruits, nuts, in fact while it is a book which cannot be said to belong to any particular class of readers, there is in it something for all. It is very handsomely gotten up. There are eleven plates in colors and many other illustrations.

CHANGES IN THE ARMY NURSE CORPS

RECORDED IN THE OFFICE OF THE SURGEON-GENERAL FOR TWO MONTHS, ENDING SEPTEMBER 12, 1907

Billiani, Bertha, recently arrived in the Philippines Division, assigned to duty at the Division Hospital, Manila.

Bauer, Mrs. Christiana M., appointment as Chief Nurse at Zamboanga revoked; transferred to the United States and assigned to duty as nurse at the General Hospital, Presidio of San Francisco, California.

Denany, Marie, transferred from Division Hospital, Manila, Philippine Islands, to Fort William McKinley for duty.

Doersch, Clara C., transferred from General Hospital, Presidio of San Francisco, to duty in the Philippines Division. Sailed August 5th.

Duncan, Adelaide, transferred from Division Hospital, Manila, to Zamboanga, Philippine Islands, for duty.

Hensel, Josephine, transferred from General Hospital, Presidio of San Francisco, to duty in the Philippines Division. Sailed August 5th.

Himes, M. Virginia, transferred from duty on *Crook* to duty at General Hospital, Presidio of San Francisco, August 6th.

Jones, Nellie Mabel, recently reported at General Hospital, San Francisco, from Philippines Division, discharged.

Kennedy, Mary J., transferred from duty on *Crook* to duty at General Hospital, Presidio of San Francisco, August 6th.

Lustig, Gertrude H., transferred from General Hospital, Presidio of San Francisco, to duty in Philippines Division. Sailed September 5th.

McVan, Mary V., graduate of Maryland General Hospital, Baltimore, 1905, appointed and assigned to duty at General Hospital, Presidio of San Francisco.

Martin, Mona E., transferred from Zamboanga to Division Hospital, Manila, Philippine Islands, for duty.

Moore, Nelle, recently on duty at General Hospital, Presidio of San Francisco, discharged.

Nowinskey, Frances, graduate of St. Mary's Hospital, Milwaukee, Wisconsin, 1906, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

Reed, Margaret D., formerly on duty at General Hospital, Presidio of San Francisco, discharged.

Riordan, Marie A., transferred from General Hospital, Presidio of San Francisco, to duty in Philippines Division. Sailed September 5th.

Salter, Mrs. Marguerite, transferred from the Philippines Division to the General Hospital, Presidio of San Francisco, on account of illness discharged.

Sexton, Katherine V., formerly on duty at Division Hospital, Manila, Philippine Islands, discharged in Manila to be married. Married to Mr. Finlayson in June, 1907.

Thompson, Dora E., re-appointed as nurse, and after arrival at the General Hospital, Presidio of San Francisco, assigned to duty as Chief Nurse.

Washington, Nannie M., graduate of National Homoepathic Hospital, 1905, post-graduate course at General Hospital, Braddock, Pa., appointed and assigned to duty at General Hospital, Presidio of San Francisco.

White, Clara B., transferred from Division Hospital, Manila, to Zamboanga, Philippine Islands.

Wills, Harriet Elsie, recently reported in the Philippines Division, assigned to duty at the Division Hospital, Manila.

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